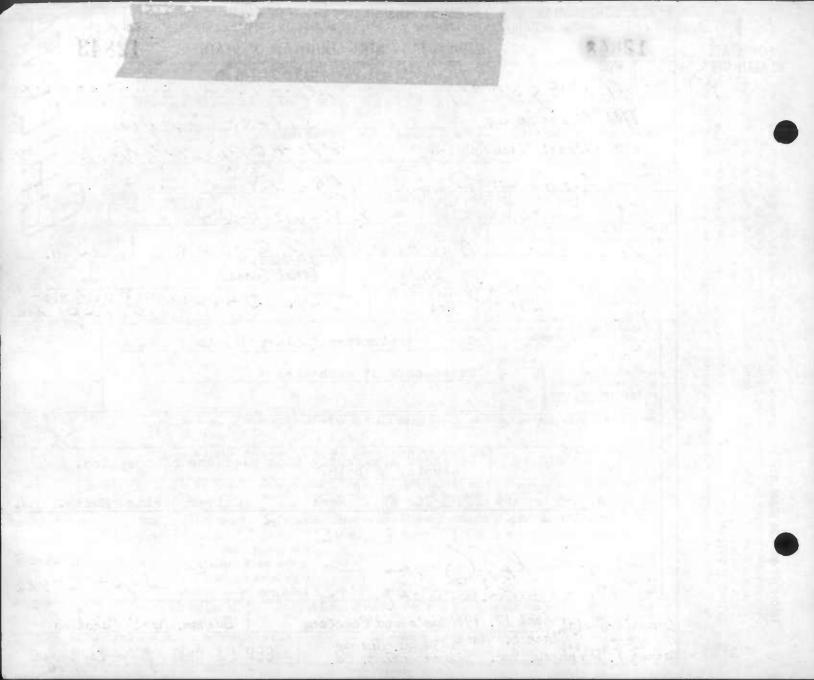
hours 35 within event dny gud remaval 0 mation, Crel burial p prior ogent, designated may be retained far FUNERAL DIRECTOR: the funeral director. 0 Heolth

Items 18-21 Film 383 11-MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission). o COUNTY b COUNTY MARYLAND 021 b. CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and of nearest town) write, RURAL and give georest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 8704 Gilbert Place Apt 1-B YES NO D 3. NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) 19 5 K IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 9. AGE (In years IF LINDER 24 HRS 7 MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAMI Ethel Evans 16. SOCIAL SECURITY NO. 42 VY D 4 Address WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give war/anda)es af service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cardiorespiratory failure due to IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave Overdosage of narcotics rise to immediate cause (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED? YES DE NO 2Do. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
Deceased apparently took overdose of morphine, PRIMARY To or CONTRIBUTING CAUSE OF DEATH heroin, or both. MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) Hour a.m. foctory, street, office bldg., etc.) While Not While 19 66 Silver Spring Montg. at work Md. at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted fram: Noturol couses Accident X. Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) Sept 1966 Maplewood Cemetery Burham. North Carolina 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Jumphrey ilver Spring

VR A15ME (5) 6M 1/66

2 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	2 2	X				12844				
the death certificate-be executed within 24 hours after death	funeral 1 and 2 er death.	MI		PLACE OF DEATH OF COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (a. STATE Ma.		ion: Residente before admission) NY Montgomery		
urs afte	Poges Poges	EXI	t	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Silver S	utside corporate limits, write RUR pring	:AL and give nearest tawn)		
24 ho	led in lapers. n 72 hc	6	C	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g Montgomery General	ive street address)	d. STREET ADDRESS 18830 Ch	andlee Mill Rd	e. IS RESIDENCE ON A FARM? YES NO		
within	etely fill proben p nt, with	The	[NAME OF First DECEASED Type or print) Doris	Middle Gwendolyn Add	lost dison	4. DATE Month OF 9	Day Year 19 66		
xecuted	physician and completely filled in by the fur en please remave carbon papers. Poges 1 oval, ond in any event, within 72 hours offer	14		emale 6. COLOR OR RACE 7. MARRIED 7. WIDOWED	Sep. DIVORCED	2/17/36	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.		
e eq. e	ase rer	3	10a. durii		ND OF BUSINESS OR DUSTRY		& State, or foreign country) ryland	12 CITIZEN OF WHAT COUNTRY? USA		
ertifical	g physic Then ple moval, o	0	13.	FATHER'S NAME Daniel C. Gaither		14. MOTHER'S MAIDEN Mattie	NAME Lockman			
deo th	by the attending phy transit permit. Then cremation, or remova	APE		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af service)		NFORMANT spital Reco	rds Addre	SS		
that the	the at nsit pe	CE		18. CAUSE OF DEATH (Enter only one cause per lipe for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).)	NANIT	-100	INTERVAL BETWEEN		
uires th	signed by the burial-transit burial, cremat	9		Canditians, if any, which gave) DUE TO	UTE + CHEO	VIL OSTI	EUHYELÎTIS	6-8WKS		
ding p	as the bu	0		rise to immediate cause (a), stating the underlying cause lost.	VGRENE (N	ECROSIS	OF PELVIS	4WKS.		
The lo	icate hos k for use as Health pric	5.5	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T		NOTAL VICER	2 ATION 19. WAS AUTOPSY PERFORMED? YES NO		
Spital	F P To	60	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Part II of item 18.)			
IG PHY	r this certi detoched ite Dept. o	0/5	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. IN While	Nat While facto	E OF INJURY (Hame, farn		(County) (State)		
TENDIN	R: After the solid be de the State	-		21. I certify that (I) (this haspital) attends aw the deceased alive an	ded the deceased fram		200, to 9/07 215 M, fram causes of	and on the date stated abave.		
OR ATTEN	e 3 should ad with the	E		22a. SIGNATURE	accios M.D		MED. STAFF DIRECTOR PHYS.	9 22b. DATE SIGNED /66		
SPITAL 4 mov	o FUNERAL DIRE director, page 3 should be filed w	P		PHYSICIAN'S Donald R. Lewis		22d. ADDRESS	IEY, MA	RYLAND -		
TO HOSPITAL OR ATTEN	o FUN direct	9	_	8URIAL, CREMATION, REMOVAL (Specify) 1 23b. DATE THEREOF 9-25-66	23c, NAME OF CEMETERY OR C		23d. LOCATION (City or Tow	n, Ma.		
	VR A15 (4)	(24.	FUNERAL DIRECTOR	ADDRESS	100		Clarify Judge		

12841				
	and the female			
	in bracket			
			energy had a con-	
		And the		
			MILES IN	SARCE CONTRACTOR
			A PARTY	

after

hours

24

within

executed

pe

certificate

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death age 4 may be retained by the hospital or attending physician.

	-	2	1
	-	Silver	==/
	9	-	0
	=	100	O
	-	-	2
	9	Total	2
	=	ess	(2)
	-	50	
	9	a	2
	_	-	=
	.=		2
	0	5	0.1
	a	0	2
	\equiv	9	-1
	-	à	_=
	>	_	£
	0	5	3
	4	ă	>
	÷	등	ثب
	=	Ü	=
	5	en.	2
	O	3	0
	-	0	>
	ĕ	E	=
	0	9	10
	gar	. 30	Young
	60	8	10
	C	CO	=
	50	9	10
	\geq	0	~
	0	-	0
	20.0	9	0
	CAL	_	=
	=	-	0
	Z		_
	0	===	5
	#	E	-
	a	-	=
	0	d	.0
	壬		=======================================
	-	=	=
	á	2	9
	=	0	5
	0	#	_
	Ĕ	-	m
į.	900		-=
	S	5	=
	-	9	9
)	9	(D)	0
	9	Ē	
			0
	S	SS	-=
	2	10	0
		0	
	9	S	+
	O		0
	ic	0	H
	-	4	No.
	-	P	0
	2	9	
		3	d
	.8	0	0
	5	9	
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral	P	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,
,	0	(1)	2
	1	q	70
	4	-	47
		=	16
	0	2	#
	0	¥	4
	5	S	-
	E	3	3
	0	-	
	0	96	e
١		O	=
	7		(1)
	0		Pe
	H	0	-
	Z	7	=
)	2	0	20
	Spiling		ĕ
	0	O	S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery a. STATE b. COUNTY Maryland MARYLANO Montgomery c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring 28 days Wheaton d. STREET ADDRESS 2914 e. IS RESIDENCE Lindell ON A FARM? Holy Cross Hospital YES NO X First Middle Last DATE Month Day Year Virginia Mary Austin DEATH September 26 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last pirthday) Months | Days Hours | White Feb. 11, 1895 WIDOWED DIVORCEO 15 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? U.S.A. Maryland 14. MOTHER'S MAJOEN NAME Martha E. Talbott Joshua Thomas Austin Brother 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jnknown Thomas T. Austin Item 2. Same as No INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Widespread metastatic carcinoma COV IMMEDIATE CAUSE (a). DUE TO Carcinoma of large bowel (b) OUE TO WAS AUTOPSY PERFORMED? YES NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 26 19 66, and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22b. DATE SIGNED

b. CITY OR TOWN (if outside corporate limits, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (Type or print) Female 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) Homemaker 13. FATHER'S NAME 15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFL MEDICAL 20c. TIME OF INJURY Month, Day, Year 22a. SIGNATURE ATTENDING N done M.D. PHYS. **OIRECTOR** 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) aures NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) Burial (Specify) Mt. Zion Cemetery Bethesda, Maryland 9-28-66 Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bethesda.

VR A15 (4) 20M 1/65

TO LINE PARTY OF A PRODUCTION OF THE PARTY OF TH Value of 1911

was as minute

Stocker . Salbott

Wed. II, 1895

indicated as some microsta. Tanamay a describili

Mindrey and some attended to the control of the con

Corporate Large homes

SOMERT A. PUMPHEN, Berhadds, Faryland

Burnel . Contract . Con Contract . Button of . Harrist

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH e executed within 24 hours after death. death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral 1 ond PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND hours after Pages c. LENGTH OF STAY IN 16 by the c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) write RURAL and give nearest, town d. STREET ADDRESS e. IS RESIDENCE completely filled in nove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 ON A FARM? YES NO DATE remove carbon 3. NAME OF First MIDDLE Last 4. Month Day Year OF 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH Days last birthday) Months Haurs and in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane TI. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? please physicion the death certificate touse w 13. FATHER'S-NAME 14. MOTHER'S MAIDEN NAME or remova attending p 16. SOCIAL SECURITY NO 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, ar unknawn) ((If yes give war ar dates af service) cremotion, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that IMMEDIATE CAUSE (a signed by be retained by the hospitol or attending physician. DUE TO Canditians, if any, which gave recen rise ta immediate cause (a). DUE TO as the prior ta l stating the underlying cause this certificote has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Heolth p CERTIFICATION NO 285. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Manth Day Year factory, street, affice bldg., etc.) Haur a.m. While Nat While Stote OR ATTENDING O FUNERAL DIRECTOR: After at work at wark 21. I certify that (1) (this haspital) attended the deceased fram, to se should with the and that death accurred at M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a - SIGNATURE DIRECTOR PHYS ween directar, poge should be filed 22d. ADDRES. 22c. PHYSICIAN'S NAME (Type 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORN LOGATION (City of Town) (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE ADDRESS 2Sb. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

12.51 45846

enwood

DATE

ADDRESS

t. N.W. Washington

USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. county ontgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 28 Sept. 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours 12. CITIZEN OF WHAT COUNTRY? Address same as INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO [(County) (State) P. M. from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, town or county) (State) ashington REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

VR A15 (4) 20M 1/65

buria

24. FUNERAL DIRECTOR

Paris and the second windmail ... Unded ... The second secon

. 4.	1		12001		· · · · · · · · · · · · · · · · · · ·		848
funeral and 2 rer death			PLACE OF DEATH			Vhere deceased lived, if institution: R	esidence before admission)/
une r de	1		Montgomery	MARYLAND	O. STATE MARL	AND b. COUNTY	Tomane
e fine		-	o. CITY OR TOWN (If gutside carparate limits,	c. LENGTH OF STAY IN 1b		tside carporate limits, write RURAL an	
Pag Pag		-	write RURAL and give nearest tawn)		TAKOMA	PARK	11 - 2
S. by		-	I. NAME OF HOSPITAL OR INSTITUTION (If not is	n haspital give street address)	d. STREET ADDRESS	1111111	I e. IS RESIDENCE
d ir		١, ١				Auburn Ave	ON A FARM?
ille pa	111.	h	ASHINGTON Sanita				YES NO X
cuted within 24 hauts after impletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after			NAME OF First DECEASED Type or print)	Middle NMN	BARR	4. DATE Month OF Septemb	Day Year 16 19 66
plet car ent,		5	1160 01 611111		B. DATE OF BIRTH	DEATH	NDER 1 YEAR IF UNDER 24 HRS.
cam ave y ev		1	EMALE Caucasian	. MARKET HETER HETERE	8-27-95		
ex ex		-	USUAL OCCUPATION (Give kind of work done	1Db. KIND OF BUSINESS OR		10.	12. CITIZEN OF WHAT
e 2 2			ng mast of working life, even if retired)	INDUSTRY		.01	COUNTRY?
3 3		12	FATHER'S NAME		14. MOTHER'S MAIDEN N		AMERICA
hys de la company		13.		E		FISHER	
The The		10			NFORMANT	Address	
arn it. ir.re			WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) ((If yes give war ar dates af s	onvice)			1
uter orm or, a		Ĺ	No I	215-50-7258	DAUGHT	ER 709 A	
rhat the death certifican. by the attending phy transit permit. Then crematian, at remava			1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	per line far (a), (b), and (c).)	0		INTERVAL BETWEEN ONSET AND DEATH
by th ransi			IMMEDIATE CAUSE (a)	CIRCULATORY	(OLLAK	736	ORSET AND DEATH
			DUE TO	D	1		
physic physic signed surial- burial,			Canditians, if any, which gave) (b)	PEMPHIGUS V	1ULGAR.	7.5	
g plant side			rise to immediate cause (o), stating the underlying cause DUE TO				
ding ding the			last. (c)				
ten ten as as as pric		2	PART II. OTHER SIGNIFICANT CONDITIONS CON			IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
AN: In all ar at icate he far use Health	2	CERTIFICATION	HYROTHYROD	15 M & A.S.	H.O		YES NO
al al al far far He		TFIC	20a. ACCIDENT WAS UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Port I or Part II of item 1B.)	
spire erriffi ed (CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ha ha ach ept		MEDICAL	20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Hame, farm		(Caunty) (State)
det the det		MED	Haur a.m. p.m. 19	While Nat While factor	ary, street, office bldg., etc.)	1000	
by fter be Stat				tal) attended the deceased fram_	8-27,1	966 to 9-16	19 66 that (I) (we) las
R. A red wild wild the			saw the deceased alive an		t death accurred at.	3:45 BM, from causes and	an the date stoted above
F to the time of time of time of the time of the time of time			22a. SIGNATURE	0 0	ATTENDING		2b. DATE SIGNED
DIRECTOR 3			Irellent B.	Cush M.C	D. PHYS.		1-16-66
			22c. PHYSICIAN'S		22d ADDRESS	480 NOW HA	MR. HUE
Page 4 may O FUNERAL director, pa	1.		NAME (Type) GILBERT	B. CUSHMAN	1AKOM	A PARK, MD	,
Funer Funer director, shauld b		238	BURIAL TREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, ar Town)	(County) (State)
Page o FUN direct shaul	1	4	REMOVAL (Specify) 9-18-6	66 D.C. Look	4. Cometer	Washingh	er D.C.
		24	FUNERAL DIRECTOR	ADDRESS	2Sa. RECO	and a short W	AR'S SIGNATURE
VR A15 (4) 20 M 1/66		K	Toldberg 7. H. 42	17-9= N. n.1	W. DATE	SEP 19 1866 49	Marles Judge

12848 THE RESERVE TO SERVED THE PARTY OF THE PARTY TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

death.

executed within 24 hours after

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before

A SP C A	OLIVIIIIOAII	L OI DEATH	1.40	E 49
PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	e deceased lived, If institution b, COUNTY	: Residence before admission)
Montgomery	MARYLAND	Maruland	Montgome	2/11
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUF	AL and give nearest town)
Silver Spring	10 days	Silver Spring		13-41
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM?
Holy Cross Hospital		11200 Lockwood		YES NO X
3. NAME DF First DECEASED	Middle	Last 4. DA		Day Year
(Type or print) Portia	Imagine	1300/3/3	ATH Sept.	23 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND Month	ER 1 YEAR FUNDER 24 HRS. s Days Hours Min.
Gemale Cancasion WIDOWED	OIVORCED .	Dec. 28, 1886	79 yrs.	
	IND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	wn Home	Virginia		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Henry W. Moran		Unknown		
	SOCIAL SECURITY NO. 17.	INFORMANT	Address Address	
No None 57	7-03-6270B Ros	coe H. Bass 5	1200 XX Lockwo	Md Dr.
18. CAUSE OF DEATH [Enter only one cause per li		1	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1140,000	Durthehell	in allos en	ONSET AND DEATH
IMMEDIATE CAUSE (a)	w jennis	acce a ruge	10 0- CC CC	o to only
Conditions, If any, which \	Ponne:	On House	It + allu	110 Cay
gave rise to immediate	a rigie	and com	1 1	0
cause (a), stating the DUE TO underlying cause last.	myse	dedical &	rfacetion.	110 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDREY PERFORMED?
5 GAROUXI	al Histor	Vision	V	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20a. ACCIDENT WAS UNDERLYING 2Db. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURA OCCU	RRED. (Enter nature of Injury I	n Part I or Part II of Item	18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. II			f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work	Mot wulle	ry, street, office bldg., etc.)		
		14419 10/1	· (011520	I la that (1) (wa) last
21. I certify that (I) (this hospital) attended	1 - //	1 - 00	from the causes and or	that (!) (we) last
saw the deceased alive on 22a, SIGNATULE	25 1966, and that	death occurred a 3.3 M		OATE SIGNED
tolly I les	usu bil	ATTENOING MED.	STAFF	123/66
22c. PHYSIC AN'S	The same	D. PHYS. DIRECTO	K L PHIS. LIT 7	2)/00
NAME (Type) John J. Curry.	M.D.	10620 Georgi	a Ave., Silver	Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or	county) (State)
Burnal (Specify) Sep. 27. 1966	Arlington Nat	ional Cem. A.	rlington. Vir	zinia
24. FUNERAL DIRECTOR & Chilles Cont	ADORESS	. A 25a. REC'D BY R		AR'S SIGNATURE
C. Glen Carter Stone	? 8454 yeorg	ing MODEL SEP S	6 1966 Mel	anley Judge
Warner C. Pumphrey, Inc.	Silver Spr	rug, Ilwaic -		1.1

VR AI5 (4) 20M 1/65

45.00 £2849 a seed because 100011 a The state of the s Tr. 1941, 14, 1941, 17 District Meyestay the Equation II to the second of the control of the second of the control of the second of the secon to the first of th This is the second of the seco ministration and the state of t the part of the contract of th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of decompletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

		MAKTLAI	AN PINIE OF	PAKI	MENT OF HEAD			
	Division of STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. F	PRESTON STREET,	BALTIMORE,	MARYLAND	21201
1205	5	(ERTIFICATI	OF	DEATH		96	200

	At an in the second		160:	211
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	o. STATE Mary	Where deceased lived, if institution: Residence yland b. COUNTY	e before odmission)
b. CITY OR TOWN (If outside corporate limits, Betnesdave(Rural)	12 days		tside corporote limits, write RURAL ond give napolis	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g Naval Hospital	jive street oddress)	d. STREET ADDRESS 98 Condui	it Street	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Wilburn	Middle BAT		4. DATE Month DF DEATH Sept. 20	Doy Year
S. SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH Jan. 14, 188	9. AGE (In years IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Doys Haurs Min.
	IND OF BUSINESS OR		& State, or foreign country) 12. CITIZE	ZEN OF WHAT NTRY? USA
13. FATHER'S NAME (UUK)		14. MOTHER'S MAIDEN NA	K)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dates of service) Yes 1910–1946		NFORMANT NOTWOO	Address Penn Bates, 105 Trites	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (c) (c)	amous cell card widespread	d metastases		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINER)			, ,	19. WAS AUTOPSY PERFORMED? YES X NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (8			
Hour a.m. While of work	k Not While focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)		
21. I certify that (this haspital) attends saw the deceased alive on Sept.	led the deceased fram At 20 , 19 66 , and that	ug. 8 , 19 death accurred at_		e date stated abave.
220. SIGNATURE Caffee Ald. Ca	alrell M.D.). PHYS. \square D	MED. STAFF SEPT.	e signed 1966
22c PHYSICIAN'S NAME (Type) Robert W. CANTI			oital, Bethesda, Md	
23a. BURIAL (REMATION, BURIAL) (Specify) 23b. DATE THEREOF 9-23-66	23c. NAME OF CEMETERY OR CO	Cemetery	Annapolis, Md.	ounty) (Stote)
24. FUNERAL DIRECTOR John M. Taylor 1 147-149 Gloucester St. And	Fune Paris Home mapolis, Md.	2So. REC'D E	BEP 2 0 1366 20 Lan	NATURE reas Judge

12850			72191
			gresptificit
			(Check) Stephnik
A Cor		37500	multi-
	on. 121, 1086 Vo		nt-0 - v2:ill
	Termourey	- staff	TAK TAK
	(yan)		(MAN)
Propeylyman	. And the Manual Parkers .		and the section of
	el a de la companya d	white SA H. She	
82r , II 5 Ales)			
184.00	Heyat Har 1911, Le		1 is Irain Milio is
	Lociane I. In Page	G riniff tonon (

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1285 R director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY a. STATE filed MARYLAND MONTGOMER CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) should d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? DART MOUTH DARTMOUT YES NO E NAME OF First 4. DATE Middle Year DECEASED (Type ar print) DEATH 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI INFORMANT A REARET WIFE DARTMOUTH offending 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINUTE DUE TO CARCINOMA E METASTASIS Canditians, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Manth, Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Haur o. m. While Nat while at work at wark 21. I certify that I attended the deceased from FED ____ 1966 that I last saw the deceased , and that death occurred a 1:38 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state)

ACTUAL

22d. LÓCATION (Eity, Comelles

NAME (Type) 22a. BURIAL, CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR

245 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/5B

FUNERAL DIRE

0

bage

18885 The state of the s THE STRUCK STRUCK STRUCK THE WILLIAM STREET CONTROL SAND WEST MITTER OF THE PARTY SHOWS THE TANK OF THE PARTY OF THE PA

Divis

MARYLAND STATE DEPARTMENT OF HEALTH

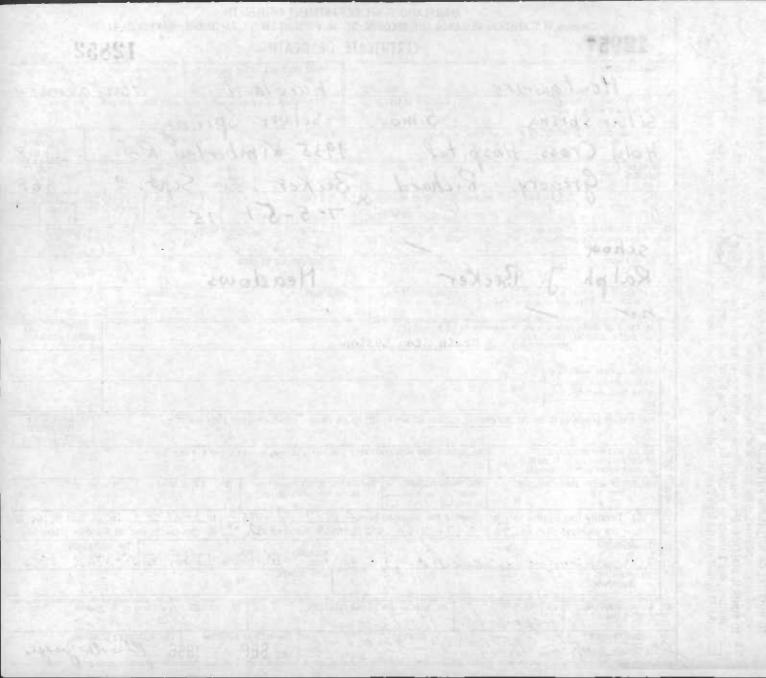
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12852

		1.60	0/4					
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before odmission)					
	o. COUNTY Montagement 9 MARYLAND	o STATE b. COUNTY	tonin					
_	b. CITY OR TOWN (If outside Corporate limits, C. LENGTH OF STAY IN 1b	c. City OR TOWN (If outside corporate limits, write RURAL and give	gomery					
	Write KUKAL and give negrest town)	- 1 0:	neprest town)					
	Silver Spring 5 mo.	Silver Spring	1500					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
	Holy Cross Hospital	1935 Kimberley Rd.	ON A FARM?					
=		1133 KINDERIEGINA						
5.	NAME OF / First / Middle	Lost 4. DATE Month	Doy Year					
	(Type or print) Gregory Kichard	secker DEATH SENT, 2,	1966					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER') Months	YEAR IF UNDER 24 HRS Doys Hours Min.					
	M (1) WIDOWED DIVORCED	7-5-51 15 or morning	Duys nous Min.					
Do	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT					
	ing most of working life, even if retired) INDUSTRY	Washington D.C. COU	INTRY 3					
10	School		. D. C.					
3.	FATHER'S NAME	14. MOTHER'S MAIDEN DAME	1 06					
	Kalph 1. 4secker	Meadows, Mildred	((
		NFORMANT Address						
(Ye	(If yes give wor or dotes of service)							
_	10 CALLES OF DEATH (False only one payment for fall (A) and (A)		INTERVAL BETWEEN					
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. OEATH WAS CAUSED BY:		ONSET AND DEATH					
	IMMEDIATE (AUSE (o) Brain Stem Lesion	1						
	DUE TO							
	Conditions, if ony, which gove (b)							
	rise to immediate couse (a), stating the underlying couse OUE TO							
	lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/a)	19. WAS AUTOPSY					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?					
5			YES NO					
Ξ	200. ACCIDENT WAS UNDERLYING 205. OESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 1B.)						
3	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
3		CE OF INJURY (Home, form, 20f. (City or town) (Cour	nty) (Stote)					
MEDICAL	Hour o.m. While Not While foctor	ory, street, office bldg., etc.)	(5/5/0)					
	p.m. 19 of work of work		7					
a	21. I certify that (I) (this haspital) attended the deceased fram		🄄, that (I) (we) la					
	saw the deceased alive an Sept. 2 1966, and that	t death occurred at 2 40 M, fram causes and an th	e date stated abav					
H	220_SIGNATURE 22b. OATE SIGNED							
ı	(Rosmond Dradshaw. W. M.C	D. PHYS. DIRECTOR D PHYS. DISCO	t. 2 1966					
ı	22c. PHYSICIANS	22d. AOORESS)					
ı	NAME (Type)		#					
22%	BURIAL CREMATION, 236 DATE THEREOF , 23c. NAME OF CEMETER FOR	CREMATORY 23d. LOCATION (City or Town) ((hunter) (Canan)					
200	REMOVAL (Specify)	230. LOCATION OF TOWN	(bunty) (State)					
	Here 6 06 Becker	The things	KNE					
24	FUNERAL DIRECTOR ALL 254 CONTRESS TREST	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE					
12	orthur wallers washington De 21	12 DATE SEP 7 1956 Julian	les judges					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any event, within 72 haurs offer death VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1285R

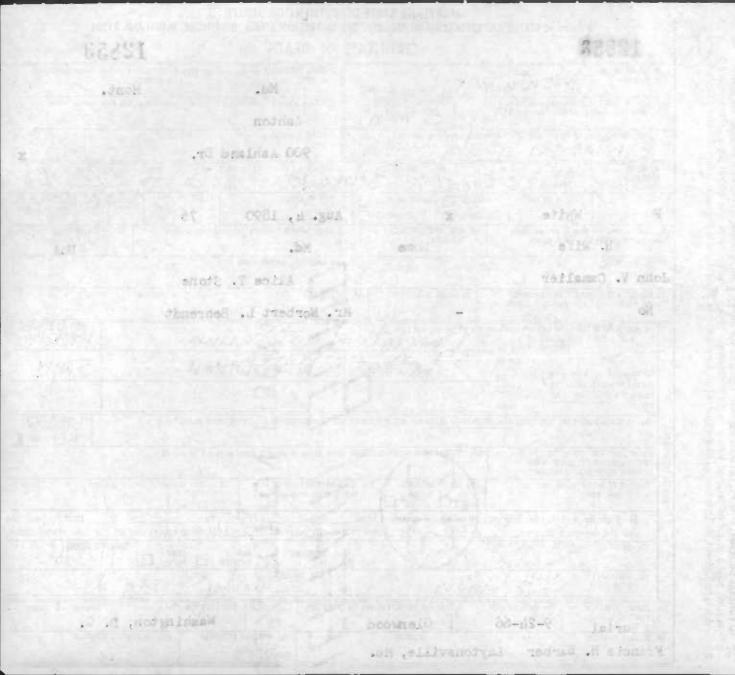
CERTIFICATE OF DEATH

		PLACE OF DEATH o. COUNTY	potran	MARYLA	ND O	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Mont.				
	-	 CITY OR TOWN (If o write RURAL and gi 	utside corporote limits.	c.) LENGTH OF STAY IN 1	lb c. Cl	TY OR TOWN (If out	rside corporate limits, write RURAL	ond give n	eorest town)	
		WITTE KOKAL ONG GI	Ae Heglezi IOMII)	ey 5 min	3	Ashton		13	5-1	
	(MAME OF HOSPITAL	OR INSTITUTION (I not in I	nospital, give street address)	\ d. S	REET ADDRESS			e. IS RESIDENCE	
9		1 00 161	andry ge	noted (ARRIVE	4	900 Ash	land Dr.		ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print) Al Ce Camaler Be					not.	OF DEATH STOPTEN	/m 2	Day 1966 6	
	S. 3			MARRIED NEVER MARRIED (IDOWED DIVORCED		of Birth 1899	last hirthday) A		ear IF UNDER 24 HRS. oys Hours Min.	
	10a.	. USUAL OCCUPATION (G	ive kind of work done	10b. KIND OF BUSINESS OR			Stote, or foreign country)	12. CITIZE	EN OF WHAT	
	duri	ng most of working life.	even if refired)	INDUSTRY Home		Md.		COUN	USA	
	13.	FATHER'S NAME			14.	MOTHER'S MAIDEN N	AME		0025	
	Je	ohn V. Cam	alier		340	Alice	T. Stone			
	15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM		Address			
- 1	(16	No or unknown) (ii	yes give wor or dates of serv	· ·	Mr.	Norbert 1	L. Behrendt			
			H (Enter only one couse pe	r line (or (a), (b), and (c).)	11	77	\'		INTERVAL BETWEEN	
		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o)	Confis	MSK	Lever 2	alluxs		ONSET AND DEATH	
		411. X	DUE TO	311	4-	1/2011	Dianio		S MANA	
		Conditions, if ony, wh	nich gove) (b) _	2 Charace	Silv	Bross	D/20021		200/17	
	is to immediate couse (a), stating the underlying couse DUE TO									
		lost.) (c) _							
6	MEDICAL CERTIFICATION	PART II. OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATE	D TO THE TER	MINAL DISEASE CONI	DITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO	
	EII I	200. ACCIDENT WAS UN		20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter i	oture of injury in P	ort I or Port II of item IB.)			
	£	OR CONTRIBUTING (IF EITHER, NOTIFY MEI								
	DICAL	20c. TIME OF INJURY	Month, Day, Yeor			NJURY (Home, form,	20f. (City or town)	(County	y) (Stote)	
	ME	Hour o.m. p.m.	19	While Not While ot wark of work	toctory, stre	et, office bldg., etc.)	1 0.1	11		
		21. I certify	that (I) (this haspital) attended the degeased fro	m		56 to 9/22	, 19	, that (I) (we) last	
		saw the dece	ased alive an	22 100 , and	d that deat	h accurred at	ZBLM, fram tauses an	d an the	date stated above.	
		22o. SIGNATURE	HILL	222	Δ١	TENDING 7	MED. STAFF	22b. DATE	SIGNED	
			1 / Kle	22/10/	M.D. PI	IYS.	DIRECTOR L PHYS. L	47/2	100	
		22c. PHYSICIAN'S NAME (Type)	C. H. Y.	MEN	2	2d. ADDRESS	udy Spxvi	7 1	nd	
	230.	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATION (Chy or Town)		ounty) \ (Stote)	
		REMOVAL (Specify)	9-24-66	Glenwood			Washington	, D. (G.	
		FUNERAL DIRECTOR	5	ADDRESS			BY REGISTRAR 2Sb. REGIS		ATURE	
	H	rancis H.	Barber La	ytonsville, Md.		DATESER	1000 11	0	- /	

TO FUNERAL DIRECTOR: After this certificate has been signed by the otterding physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, or removal, and in any event, within 72 haurs ofter death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospitol or attending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH

A CTATICTICAL DESCARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12854

	DIAISION OF	STATISTICAL	KLJLAKCII	MIND	ALCONDS, SO	1 77. 1	WEST OIL STWEE	, DALITHIC	ML, I
85	3			CI	ERTIFICATE	OF	DEATH		

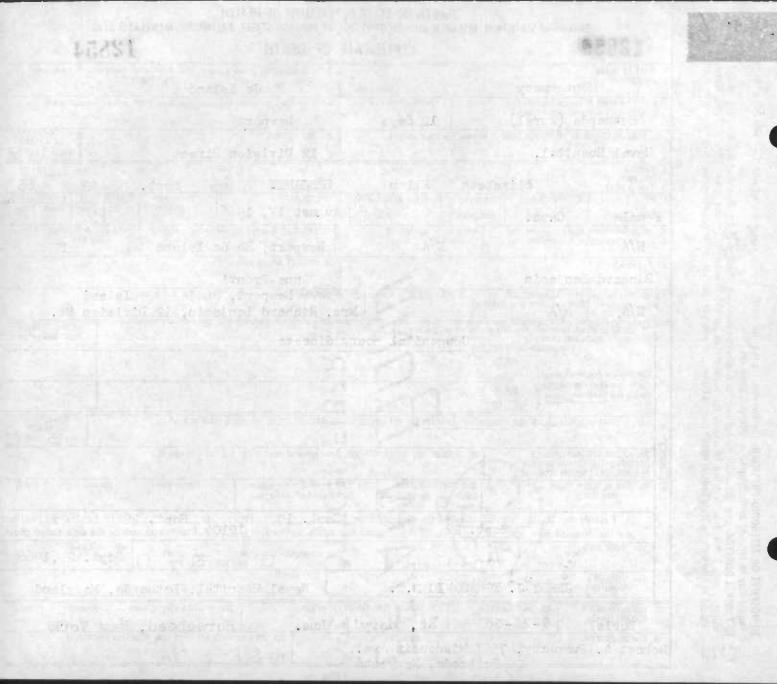
1.	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
)	a. COUNTY M	ontgomery		MARYLA	AND	a. STATE Rhode Island b. COUNTY				
1	b. CITY OR TOWN (f outside corparate limit	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	outside carparote limits, write	RURAL and give	neorest town)	
	Bethes	da (Rural)		12 days		Newpo	ort		76 -3	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)			9/11	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
6	Naval Ho	spital,				12 Divis	sion Street		YES NO X	
3.	NAME OF DECEASED		irst	Middle		Last	4. DATE M	anth	Day Year	
	(Type ar print)		zabeth	Ellen		BENJAMIN	DEATH Sept		22 19 66	
S.	SEX	6. COLOR OR RACE	7. MARRIED	☐ NEVER MARRIED		DATE OF BIRTH	9. AGE (In years last birthday)	Months	Days Haurs Min./	
	Female	Cauc.	WIDOWED	DIVORCED		August 17,	1.0	/	36	
du du	10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, ar foreign cauntry) 11. BIRTHPLACE (County & State, ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? 13. USA									
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
	Richard	Benjamin				Anna Pr	conti			
1	15 WAS DECEASED EVER IN IL S ARMED FORCES? LIG SOCIAL SECURITY NO. 17. INFORMANT Newport. Rhode Address Te								nd	
1	N/A	(If yes give war or dates	as service)		Mr	s. Richard Benjamin, 12 Divisi			on St.	
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Congenital heart disease NEEN ONSET									
	754	IMMEDIATE CAUSE	(a)	mbourted in		4250450				
	Canditians, if any		(b)						0.000	
	rise to immediate cause (a), stating the underlying cause last. DUE TO (c)									
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								PERFORMED?	
S P	20a. ACCIDENT WA	CHNDEDIVING [7]	206 06	SCRIBE HOW INVIERY OCC	IIDDED I	Enter nature of injuny in	Part I ar Part II of item IB.)	-	YES X NO	
CERTIF	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DE	SCRIBE HOW INJURY OCC	UKKED.	ciner nature or injury in	real rai rai ii oi iiem ib.)			
MEDICAL CERTIFICATION	20c. TIME OF INJU Hour o.r	10	20d. IN While	Nat While		E OF INJURY (Hame, far ary, street, office bldg., etc		(Cou	nty) (State)	
	21. I certi	fy that 2(1) (this ha	spital) ottene Sept. 2	ded the deceased fr 2 19 66, ar	am_ nd that	Sept. 10 , death occurred a	1966 , to <u>Sept.</u> t <u>1210</u> M, fram cause		66 that ≰) (we) last ne date stated abave.	
	22a. SIGNATURE	Jenny.	Lone	مرسو	M.E	7 - 1 - 1 - 1	MED. STAFF PHYS.		TE SIGNED t. 23, 1966	
	22c. PHYSICIAN'S JERRY J. TOMASOVIC M.D. 22d. ADDRESS NAME (Type) JERRY J. TOMASOVIC M.D. Naval Hospital, Bethesda, Maryland							Maryland		
23	3g. BURIAL, CREMATIO	ON, 23b. DATE TH		23c. NAME OF CEMETE			23d. LOCATION (City or	Town)	(Caunty) (State)	
	REMOVAL (Specify Burial		66	St. Mar	y's		Horsehead	. New	York	
R	24. FUNERAL DIRECTO	R Pumphrev	7557 W1	sconsin Ave			'D BY REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE	
1		,	Pethes	do, Marylar	nd -	DATE	SEP 27 1966	The Congression	Co Cred	

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any event, within 72 hours after death. executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

12

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1286	50		CERT	IFICATE	OF DEATH		1285	55	
1. PLACE OF DEAT	Н				2. USUAL RESIDENCE (V	Where deceosed lived, if		nce before odm	ission)
o. COUNTY	Jan Lycon es		MA	RYLAND	o. STATE Ma	ryland	b. COUNTY P1 6	ntgome	241/
b. CITY OR TOW	N (If outside corporate limi		C. LENGTH OF STA		c. CITY OR TOWN (If ou				. W.
	ond give nearest town)	,	9.6 4	24(5)	to Va.	0-)	/ /	, 0
Carte				1101	1980m	a Tarr	5	19-1	FCIDENCE
d. NAME OF HOS	PITAL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS	1,	1		ESIDENCE A FARM?
Chock	ty Mausin	1447	ree		7903-40	ockney	HVe.	YES	NO [
3. NAME OF DECEASED	Fig. 1	irst	Middle		Lost	4. DATE OF	Month	Doy	Year
(Type or print)	6. COLOR OR RACE	7 MADDIED	MENTED MADE	ILD COLO	B. DATE OF BIRTH	9. AGE (In)	veors I IF UNDER		19 /
J. 3EA	18	7. MARRIED	NEVER MARR		DATE OF BIKIN	lost birth		Doys Hou	
183	Excess of	WIDOWED	DIVOR	CED []	118 5/190	6.3	yrs.		
	ION (Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or foreign countr		ITIZEN OF WHAT	
uring most of work	ing life, even if retired)	/ IN	IDUSTRY		LEGESAUS	Paland	((DUNTRY ?	50
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
Chan	Do. 1.				Chana	CILVE	stone		
	EVER IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17 1	NFORMANT	SIIVER	Addrass		-
	n) (If yes give wor or dotes		SOCIAL SECURITI NO.	2.72			Address	7	
NO			1-1-0 1 9 =	MAMIL	S.GUSSIE BE	2rlin-Witc	- 45 4	bore	
	DEATH (Enter only one co	use per line for	(o), (b), and (c).)					INTERVAL	
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) C	ONGESTI	VE	HEART F	AILURG	2	ONSET AN	D DEATH
422	DUE	TO				, ,			
Conditions, if o	ny, which gove)	(b) ar	Verios cle	no ti	c Cardio	- Vasculas	distant		
	iote couse (o), DUE	(-/							-
stoting the un	derlying couse	(4)							
	,	(c)	TO DESCRIPTION OF THE PARTY OF	CLATED TO T	UE TERMINAL PRESENCE COM	DIELON CONTON ON CARD	** *	T10 WAC 4	UZODCY
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT R	RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WAS A	RMED?
4								YES _	NO SZ
20a. ACCIDENT	WAS UNDERLYING	205. DE	SCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in F	Port I or Port II of item	18.)		
(IF EITHER, NOT	NG CAUSE OF DEATH (FY MEDICAL EXAMINER)								
= -	NJURY Month, Doy, Yeor	20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form,	, 20f. (City or to	own) (Co	ounty)	(Stote)
Hour	o.m.	While			ory, street, office bldg., etc.)			.,	
	p.m.	ot wor		1 (16/11	0 1 5	/ 5 5 10	17 .1 . 11	
	rtify that (I) (this ha		ded the decease	d fram	1964			66, that (1)	
	deceased alive an_	SCAT	29 1906	, and that	death accurred at	M, fram co	ouses and an t		red abav
22o. SIGNATU	RE VIO VIO	+ 1/	a	1	ATTENDING A	MED. STAF		ATE SIGNED	,
	1000cc	180	anur	M.D	PHYS.	DIRECTOR L PHY		24/61	e
22c. PHYSICIA NAME (Ty		-UV	RAMER		22d. ADDRESS	1/ 1/4	CT. C	CA	1.
NAME (1)	NODER	1	MALIEN		1 848	7 10-	2/13	2.116	X .
230. BURIAL, CREMA		EREOF/	23c. NAME OF CE	METERY OR	REMAIDRY	23d. LOCATION (Cit	y or Town)	(County)	(Stote)
REMOVAL (Spe	(ify) 10-9	-66	MT. LE	BANK	N CEM.	HYATT	SVILLE	- 1c	10.
24. FUNERAL DIRE	CTOR	1	ADDRESS	1381.40			2Sb. REGISTRAR'S		,
15 0	ann. l.	014	256	1-142	45th bate SF				tal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then place indicate carbon papers. Pages 1 and should be filed with the Stote Dept. of Heolth prior to buriol, cremation, or removal, and in any event, within 72 hours after deat

11111111

MARYLAND STATE DEPARTMENT OF HEALTH
vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA

		Division of STATIST	ICAL RESEA	ARCH AND RECORDS,	301 W. PF	ESTON STR	EET, BALTIM	ORE, MARYL	AND 212	01	
	1285	1		CERTIFICA	TE OF	DEATH			1901	. c	
	LACE OF DEATH						Where deceosed	lived, if institution		e before ac	mission)
(. COUNTY MO	ntgomery		MARYLAND	o. ST	Mary!	Land	b. COUNT	ry	1	
ŀ	. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY			limits, write RURA	AL ond give	nearest to	wn)
	Bethes	dgive pegrest town) da (Rural)		4 hours		Balt	imore			100	
C		TAL OR INSTITUTION (If not	in hospital, g	ive street oddress)	d. STRE	T ADDRESS					RESIDENCE
	Naval	Hospital			4	202 Ho	llin Fe	rry Rd.		YES	N A FARM?
	NAME OF	Firs	it	Middle		ost	4. DATE	Month		Doy	Year
	Type or print)	James		Lee	BERRY		OF DEATH	Septe	mber	22	19 66
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE O	BIRTH	8 9.	AGE (In years	IF UNDER 1		UNDER 24 HRS.
	Male	Cauc	WIDOWED	DIVORCED	Marc	h 13,	1937	last birthdoy) 28 rs.	Months	Doys Ho	ours Min.
10o.	USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIR	HPLACE (County	& Stote, or forei	gn country)	12. CITIZ	ZEN OF WH	AT
1011	Carp	life, even if retired) enter	INI	אונטוגו	Ba	ltimore	, Mary	land	COOL	NTRY? USA	
13.	FATHER'S NAME					HER'S MAIDEN					
	Everett				Pa	uline V	Vithrow				
IS.	WAS DECEASED EVI	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. S	OCIAL SECURITY NO.	7. INFORMAN	T Ba	altimor	e Address	Md.	3.00	
1.0.	Yes	1955-1964	52	20 40 5061 M	rs. Pa	uline S	Schreck	, 4202 H	ollin	Ferr	y Rd.
		EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (Rur	(o), (b), ond (c).) otured aortic	aneur	ysm					AL BETWEEN AND DEATH
	4518	DUE 1	,								
	Conditions, if ony	, which gove	b)						1 6		
	rise to immedio:	te couse (o), (
	lost.		(c)						300		
ILION	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO	O DEATH BUT NOT RELATED T	O THE TERMIN	AL DISEASE COM	NDITION GIVEN	N PART 1(a)		19. WAS PERI YES	S AUTOPSY FORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCURRE	D. (Enter notu	re of injury in	Port or Port	of item 18.)			
MEDICAL	2Dc. TIME OF INJ Hour o.	10	2Dd. IN While at work			RY (Home, form office bldg., etc.)		City or town)	(Coun	ty)	(State)
	21. I certi	ify thatX(I) (this hasp	ital) attend	led the deceased fram	Sept.	22_,1	9 <u>66</u> , ta_	Sept. 2	2,196	6, that	(Nt (we) las
	saw the d	eceased alive an Se	pt. 22	1966, and t	hat death	accurred at	630PM,	fram causes a	nd an the	date st	ated abave
	220. SIGNATURE	1	- 0	L	ATTEN	DING -	MED.	STAFF	22b. DAT		
	JA	ancia	- 10	mou	M.D. PHYS.		DIRECTOR L	PHYS.	Sept	. 23	1966
	22c. PHYSICIAN'S NAME (Type	1	(/,	-		ADDRESS		70 11			
								1, Bethe			
230.	BURIAL, CREMATION REMOVAL (Specify			23c. NAME OF CEMETERY OF Baltimore N				TION (City or Town		County)	(Stote)
24	FUNERAL DIRECTO	, = -		ADDRESS Md		250 REC'E	BY REGISTRAR		ISTRAR'S SIG		
				Rhode Island		DATE S	EP 27	1966	rayy		edal.
·a.	TTCA D T	with at Hollic	1 1200	THIOUG TOTALIU	77 AC 9	UAIL -	me r 200' 6	1000		- V /	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Y and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removol, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

88881			10951
.50			
12 TE 65 LIFE			nemi
	to a constitue		
			Link ortes
	e Paris Carrier		
	Es Como	Altera bend qui	
Carrie Carr			
	Of the Book Still Alors of the Charles of the Charl		duck who be a little of the
. be . Not a life	intimit speak wi	4.2	
Telegraphy and the	Month Charles		~ 1 44

A CONTRACTOR OF THE CONTRACTOR

FOR STATE DEPT. P.M.3. Page

deloy is

in pencil in Item 18. Give Poges 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office.

necessory, please execute the certificate, writing the ward "pending"

along with farm

with the State Department of Health or its designated agent, prior to burial, cremotion, or removol, and in any event within 72 hours after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12857 Division of STATISTICAL RESEARCH

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
o. COUNTY	MARYLAND	o. STATE	Land b. COUNTY St	. M.				
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 15		side corporate limits, write RURAL and gr					
write RURAL and give nearest town)			sac corporate minis, write KOKAL one gr	ve neorest town)				
Letheric (rural)	6 days	Hollywood		350				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	theadr, Mc.	Route 2, I		YES NO				
3. NAME OF First	Middle	Last	4. DATE Month	Doy Year				
(Type or print) William.	Bryan BLTT	TDUL	DEATH September	10 19 66				
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER					
Mile Cauc. WIDOWED	DIVORCED	21 Aug 195'	7 lost birthdoy) Months	Doys Hours Min.				
	ND OF BUSINESS OR	11. BIRTHPLACE (State of		ITIZEN OF WHAT				
	DUSTRY I one	Kansas Cit	V. 10.	OUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
William BETTHIDORF		Alice Jean	me BRYAU					
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17 1	NFORMANT		- 7/17 7				
(Yes, no, or unknown) (If yes give wor or dates of service)	one Wi	יו הוחותות מיים דר	Routed, For	x 70.4 To				
	77.00	TITEM DELIE	DOLF, Holl-wood, 1					
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	0 0			ONSET AND DEATH				
IMMEDIATE CAUSE (a)	cebral des	2 Comercia	of loutuation	5000				
DUE TO								
Conditions, if ony, which gove (b)	- Compres		5 Coys					
stoting the underlying couse DUE TO								
lost. (c)			,					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY				
200_ EXTERNAL CAUSE WAS 20b. DES PRIMARY Det CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	sac .			PERFORMED?				
20a. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	ort Lor Port II of stem 18)					
PRIMARY Ser CONTRIBUTING CAUSE OF DEATH.				r ···				
		E OF INJURY (Home, form,	STRUCK BY AUTOMOBIL					
Hour am. While	Manager Santa	ory, street, office bldg., etc.)		ounty) (Stote)				
p.m. 5 San 17 66 at work	at work I TOT	e	Hollywood	lid.				
21. I certify that I took charge of the rem	ains described obove, hel	d on Autopsy [],	Inspection Inquiry ,	ond in my opinion				
death resulted from: Natural causes	, Accident , Suici	de , Homicide						
30.0		CHIEF MEDICAL E						
SIGNATURE CONTRACTOR OF CONTRA	111	_M.D. ASSISTANT MEDIC	CAL EXAMINER	22. DATE SIGNED				
EXAMINER'S TOAM S, ROS	EUS. MO	DEPUTY MEDICAL		2/0 01.				
NAME (Type) / S/S C S 3	1 171 B- :	Andress (Street,		1 7 766				
230. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (Stote)				
Burlal transit 9-12-66	Memorial Ga			Kansas				
24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S S					
	sin Ave., Bethe	4 44	0.00	reles Judge				
Teen a Toning of a 1000 mancom	Tar 12000 3 1000110	Bada, LE DATE SE	P 14 1966 Julia	0				

annot referred to the second of the second contract of the second of the

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove any event, within 72 hours after deals. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.) C. S. C.

	Section (Ch	Ttom	#oa F	GERIIFIL	ALE	OF DEAT	Н		1905	U	
1.	PLACE DF DEATH	Н			1	2. USUAL RESIDEN	NCE (here decea			ience before	admission)
	Montgom	וודס		MARYL	OND	a. STATE D.	C.	b. COUNT	Υ		1
	b. CITY OR TOW	N (if outside corporate	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corpor	ate limits, writ	e RURAL an	d give nea	rest town)
	Write RURAL Beth	and give nearest town)		21 months	3	Washington				47	
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not in ho	spital, give street ad	dress)	d. STREET ADDRESS	S 1,131, M	cArthur	Roule	e IS R	ESIDENCE
C	0	nal Manor Sar	ritarii	um	4	9200/Rock	ville Pil	k N	I.W.	YES	NO X
3.	NAME DF DECEASED	First		Middle		Last	4. DATE	Month			Year
	(Type or print)	Birdie	2	D		Birch	DEATH	9	7	74 1	9 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. /	GE (In years II	FUNDER 1 Y		
4	emale	White	WIDOWED			8-6-1882		birthday) N	1 0	5	
		ION (Give kind of work doing life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & State, or	foreign country)		EN OF WH.	AT
	(lerk		//	S. Governmen	1	Maryland		gomery	U	SA	
13.	FATHER'S NAM	Ł				14. MOTHER'S MAI					
	James	Cox				Loui	se Wheels	ンス			
		EVER IN U.S. ARMED FORC (If yes give war or dates of se		SOCIAL SECURITY NO.	17. 11	FORMANT		Address			Dec
,,,,	NO		579	9-60-5500	Mar	ie H. Cott	on-4418 1	CArthur	Blvd.	Washi	naton
	18. CAUSE DF	DEATH [Enter only one of	ause per li	ne for (a), (b), and (c).	1					NTERVAL E	BETWEEN
		ATH WAS CAUSED BY:	1	moury o	268111	· · · · · · · · · · · · · · · · · · ·				ONSET ANI	LOWS.
	11221	IMMEDIATE CAUSE (a)		7		ac-w				Frank	100-000,0
	7. ac. 11	DUE TO		anterwooder	150	Turnet de	11100			15 AV	10
	Conditions, If			201 - TOTAL	o pic	Jacabel Co.	THE STATE OF THE S			10 1	
	cause (a), st			9)	0	at indi	2. 40.			15 ms	, .
-	underlying caus			mennye		in periode	wing				
CATION	PART II. OTHER S	SIGNIFICANTCONDITIONS	CONTRIBU	TING TO DEATH OUT O	TRELATE	ED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN P	ART 1(a)		AUTOPSY ORMED?
ICA									V 100	YES	NO V
CERTIFI	OR CONTRIBUTI	WAS UNDERLYING DEATH OF DEATH TIFY MEDICAL EXAMINE		ESCRIBE HOW INJURY	OCCUR!	RED. (Enter nature	of injury in Part	I or Part II of	Item 18.)		
		INJURY Month, Day, Yes		JURY OCCURRED 120	o DI ACE	OF INJURY (Home,	farm 206 /01	ty or town)	(County	-	(State)
MEDICAL	Hour a.n		While	Not While	factory,	street, office bldg.,	etc.)	ty of town)	(Gount)	,	(State)
ME	p.n		at work	at work							
	21. I certif	y that (1) (this hospita	al) attende	d the deceased fro	m	leath occurred at	19, to	menut	, 19	, that (i)	(we) last
	saw the dec	ceased alive on 16	Guy	1966, an	d that d	leath occurred at	543PM, from	the causes at	nd on the	date state	ed above.
	22a. SIGNATUR	REAL	11	Λ			/		22b. DATE	SIGNED	10
		Charles	c re	egan y	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	14	Sept	66.
	22c. PHYSICIA NAME (Ty		E.K	EZGAN FIR	. Ma	22d. ADDRESS 3752	BENTON	St.N	WW	ash ?	文.
232		ATION, 23b. DATE THE	REOF	23c. NAME OF CEN	TETERY O	R CREMATORY	23d. LOCA	TION (City, tow	n or county	()	(State)
	REMOVAL (Spe	SEP. 17	1966	CEDAR.	Hi	CEM.	INA	514,	D	C.	
24	. FUNERAL DIRE		Dul	O ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25a. RI	EC'D BY REGISTE		ISTRAR'S S	IGNATURE	
1	Dalle 1 =	2 NEPA	1000	Wash	750	DATE	SFP 10	1000	nal	0 0	
-les	1-00/7	VN-KMI	OME	Whon		DATE	301	- dob	y Clas	120	11.11.00

VR AI5 (4) 20M 1/65

tyleneráten t . . Whom 5. Sall vocarios vise I marchalina and storage beautiful 5084-7-8 Not skill designation and and area. U.S. Salve warend Vanes (jos 77-56-500 lesie H. Cotton-148 levelos (Lut, and tropie Cornery Hickneys antimoderation heart decase Geneland intermediani

puzzi O Plumin C. Cergan 12 14 Septob CHARLES E. KEREAR THE MD BASE SECURED ST. LOW MARK DC.

SHELL THEMP

to sever

1 (M)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THO MY	CERTIFICAT	E OF DEATH		19050
PLACE DF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If in	stitution: Mesidence before admission)
Montgomery		a. STATE	b. cou	NTY
b. CITY OR TOWN (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give nearest town)
write RURAL and give nearest town) Germantown, Maryland		Machia	orton D.C	40.8
d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	igton, D.C.	e. IS RESIDENCE
Marylander Rest Home		927 EThitt	er Place N.W.	ON A FARM?
B. NAME DF First	Middle	Last	4. DATE Mont	
(Type or print) Martha	R. B	lack	DF DEATH Sep	t. 26 ¹⁹ 66
6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IFUNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED	7/20/1884	last birthday) 82 vrs.	Months Days Hours Min.
Oa. USUAL OCCUPATION (Cive kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
Registered Nurse		Virgin	ia	U.S.A.
13. FATHER'S NAME	Para de la companya della companya della companya della companya de la companya della companya d	14. MOTHER'S MAID	EN NAME	
James Roberts		Mary H	rown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) [(If yes give war or dates of service)]	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	
	78-44-2890 Ma	rtha J. Bros	nan Rockville	ching Post Lane
18. CAUSE DF DEATH [Enter only one cause per]	ine for (a), (b), and (c).1	A .	1 1	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Trisseleville	cardiovase	was disease	ONSET AND DEATH
DUE TO	1	-		
Cenditions, If any, which	leves ageto	200		15/clars.
gave rise to immediate (cause (a), stating the DUE TO	1			
underlying cause last. (c)				
	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SEASE CONDITION CIVEN IN	PART 1(a) 19. WAS AUTOPSY
CAL				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II o	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While		CE OF INJURY (Home, far		(County) (State)
Hour a.m. While at work	Mot while	ry, street, office bldg., et	C.)	
21. I certify that (I) (this hospital)/attended		132 .19	56, to 9126	19 66, that (I) (ii) last
saw the deceased alive on 9 10 3		death occurred at		and on the date stated above.
22a. SICNATURE				22b. DATE SICNED
James 7- Four	M.D		IED. STAFF PHYS.	9/26/66
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
NAME (1998) James P. Kerr,	M.D.	26618 Ric	ige Road, Dama	scus, Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
Burial September 2	8,1966 Roseda	le Cemeterv	Martinsburg	. West Virginia
24. FUNERAL DIRECTOR	ADDRS31 Rock	ville Fike EC	D BY REGISTRAR 25b. R	West Virginia
Tyson Wheeler Funeral Ho	me Rockville	. Md . DATE	EP 2 8 1956	011-1.0

VR A15 (4) 20M 1/65

CIDEORTHON

Copyrintered, Maryland av

sect Jest Tablet call

adazoti adazoti

Senala Milita

Sential contract the contract to

James Roberts

Virginia

Constituents D. C.

STATES THE PERSON IS . I.

578-00-2890 Marrha I. Krornan Rockville, Meryland

Committee of the commit

James B. Merr, M.D. 26518 Mid- kond, James Cun, Maryland

norial Supramos 20,1%6 Condata Cametary Harringhurs, mat Virthia

Twenty Poly of the House House He were to be the

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL

19000

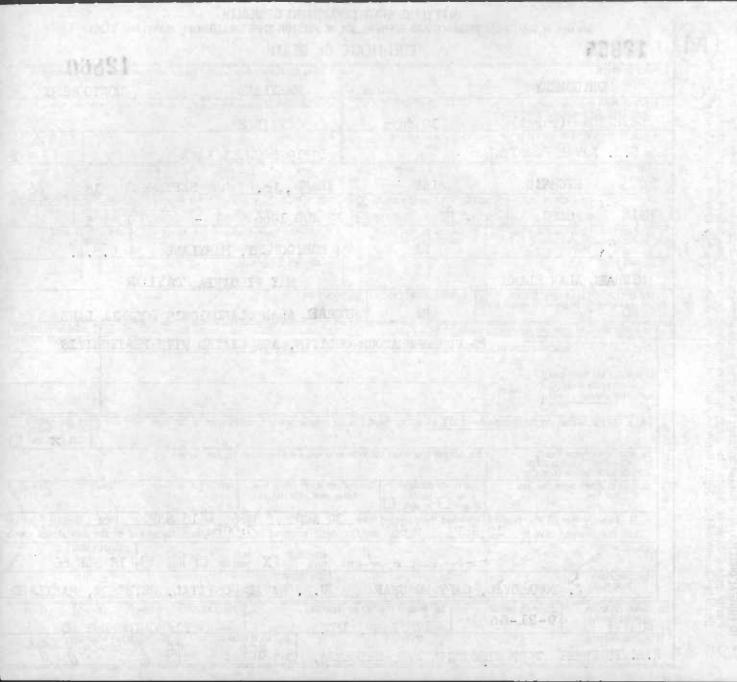
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas			e o le o dmissi	ion)	
	o. COUNTY MON	TGOMERY		MARYLA	ND	o. STATE MARYLAND b. COUNTY MONTGOMERY						
	b. CITY OR TOWN (If outside corporate lim	its,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If our		te limits, write RUR.				
	Write RURAL on BETHESI	d give negrest town)		19 days		ROCKVIL				135	-1	
		AL OR INSTITUTION (If I	not in hospital, o			d. STREET ADDRESS e. IS RESIDENCE						
		NAVAL HOSPI				10819 BOSWELL LANE ON A FARM?						
	NAME OF		irst	Middle		Last	4. DATE	Month		Doy Ye	100	
	DECEASED (Type or print)	MICHAEL		ALAN		BLAND .Jr.	OF DEATH	SEPTEMB	ER 18	3 19	66	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X B.	DATE OF BIRTH	9.	. AGE (In years	IF UNDER 1 YEA	AR IF UNDE	R 24 HRS.	
	MALE	CAUC	WIDOWED	DIVORCED		L3 AUG 1966	18-1	lost birthdoy) yrs.	Months Do		Min.	
		Give kind of work don	e 10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or for	reign country)		OF WHAT		
dur	ing most of working	NA even if refired)	IN	DUSTRY NA		MONTGOMER	Y. MAF	RYTAND	U.S.	RY?		
13.	FATHER'S NAME			- 1-		14. MOTHER'S MAIDEN N		V	1 0 10	-		
	MICHAEL	ALAN BLAN	D			MAY V	TRGINI	A TAYLO	R			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. IN	IFORMANT	22002112	Addres				
(∀∈	s, no, ocunknown)	(If yes give war ar dotes	of service)	NA	MTO	CHAEL ALAN I	RT.AND	10810 BO	CLIETT T	ANTE		
	IR CAUSE OF D	EATH (Enter only one co	use per line for	(a) (b) and (c))				1001/ 20	711111111111111111111111111111111111111	INTERVAL BET	TWEEN	
		TH WAS CAUSED BY:	DC ETI	DOMEMBRANOU	0 00	TTTTC ACC	OTAME	מ נוחדנו מי	PETRONI	ONSET AND I	DEATH	
	#19 a	IMMEDIATE CAUSI	(o)(o)	DOMESTONISTION	2 00	TITITO WOOL	JULATE	MIIU L	EUTION?	1179		
	5/2-		E TO									
	Conditions, if ony rise to immediat		(b)									
	stoting the unde		E TO									
	lost.)	(c)									
z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	IE TERMINAL DISEASE CON	DITION GIVE	N IN PART I(o)		19. WAS AUT	OPSY	
MEDICAL CERTIFICATION										PERFORN YES 🔀	NO T	
IFIC	20o. ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCU	RRED. (F	inter noture of injury in P	ort 1 or Port	11 of item 1B.)		(33)		
CERT		CAUSE OF DEATH MEDICAL EXAMINER)										
B		JRY Month, Doy, Yeor	2Dd IN	NJURY OCCURRED 20	e PLACI	OF INJURY (Home, farm,	. 2Df.	(City or town)	(County)		(Stote)	
MEDI	Haur o.r	n.	While	Not While		ry, street, affice bldg., etc.)		(0.17 0.1011.17	(000)		(31010)	
	p.r		of work		-	O ATTC	0/-/-	18 SEP	10//	11 1 (1) (
	saw the d	eceased alive on_	18 SEP	ded the deceased from 19 <u>66</u> , and	d that	death accurred at	5:00PM	, fram causes a	, 19 <u>66</u> , ind on the i	, that (1) (date stated	we) las d abave	
	220. SIGNATURE	-	9			ATTENDING	MED.	STAFF	22b. DATE S			
		1 course	.400	mastra	-CM.D.	PHYS.	DIRECTOR	PHYS.	18 SE	IP 66		
	22c. PHYSICIAN'S		0			22d. ADDRESS						
	NAME (Type	J. TOMASO	VIC, CA	PT MC USAF		U.S. NAVAL	L HOSP	'ITAL, BE'	THESDA,	MARY	LAND	
230	BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETER	Y OR C	REMATORY	23d. LO	CATION (City or Tow	n) (Cou	inty) (S	stote)	
	REMOVAL (Specify	9-21-	66	PARKLAUN	T	NC	ROCK	VILIEMON	TGOMERY	7 MD		
24	. FUNERAL DIRECTO	R		ADDRESS	7	144	BY REGISTRA	AR ZSb. REG	ISTRAP'S SIGNA	THE	40	
F	R.A. PUME	HREY 7557	WISCON	STN AVE. BE	THE	SDA MODATE SE	P 22	1966 /	Clark	Jud	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayor and in ony event, within 72 haurs affer Death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retoined by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



be executed within 24 hours after death.

une 2 death: TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. Noti Fred

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

H	AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE	1, MARYLAND
C	EDT	TEICATE	OF	DEATH			10000

		2600"	LKIIIIOAII	L OI DEATH	12801				
		PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE Montgomery b. COUNTY	tion: Residence before admission)				
		Montgomery	MARYLAND	MA. PIOLICE ORIELY					
		b. CITY OR TOWN (if outside corporate limits. c. LE	NGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write F	RURAL and give nearest town)				
		write RURAL and give nearest town) Chevy Chase		Chevy Chase	15-1				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS	e. IS RESIDENCE				
0		5480 Wisconsin Ave. Apt	. 727	5480 Wisconsin Ave. A	Apt ON A FARM?				
	3.	NAME OF First	Middle	Last 4. DATE Month	Day Year				
		DECEASED (Type or print) Edgar	Orville						
	5.	SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFU	INDER 1 YEAR IF UNDER 24 HRS.				
all		white WIOOWED	DIVORCED	8/21/10 Jast birthday) Mor	nths Days Hours Min.				
5		LUSUAL OCCUPATION (Give kind of work done) 10b, KIND OF		-// / - / - / - / - / - / - / -	12. CITIZEN OF WHAT				
0	duri	ing most of working life, even if retired) INDUSTR	Y		CQUNTRY?				
3	Ke	etired D.C. Government In	nspector	Missouri	U.S.A.				
1	. 13.	FATHER'S NAME Sanitation		14. MOTHER'S MAIDEN NAME					
A	-	Walter Blewett		Clara Lucas					
			SECURITY NO. 17.	INFORMANT Address	-				
1	(Ye	es, no, or unkown) (If yes give war or dates of service)	9-4035 Vi	olet B. Blewett 5480 V	Visconsin Ave				
3			4027	Chevy	Chanterval MANEEN				
7		18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	A	vy Occusion	ONSET AND DEATH				
		I un mi celliste							
5	DIE TO A								
7		5415.							
E		gave rise to immediate	viosclev	rotre Heart Visease					
0		cause (a), stating the DUE TO							
0	-	underlying cause last. (c)							
18	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED?				
Y	CA				YES NO NO				
-	LL.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Ite	em 18.)				
O	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
2			040110050 100 0144	or or shillipy disease from 1 and state of the sections.	(O-unh) (Ohaha)				
	ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	facto	CE OF INJURY (Home, farm, 20f. (City or town) ry, street, office bldg., etc.)	(County) (State)				
3	MEDI		t While	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2		21. I certify that (I) (this hospital) attended the	deceased from	7-7- 1954 to 7-25	1966 that (I) (we) last				
5			1966, and that		on the date stated above.				
7		22a. SIGNATURE		22	2b. DATE SIGNED				
4		Almin Hoss	, M.D	ATTENDING MED. STAFF DIRECTOR PHYS.	9-14-66				
U		22c. PHYSICIAN'S	/ 191.0	22d. ADDRESS					
	li	NAME (Type)		17/2 Eve St. N.	u Wash.DC				
		Louis Ross	NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (State)				
	23a	REMOVAL (Specify)			**				
	-	// - //		National Cem. Ft. Myer					
		. FUNERAL DIRECTOR	ADDRESS 11+h	St NW OFF . Las	TRAR'S SIGNATURE				
	T	he S.H. Hines Company W	ashington	D. D. DATE SEP 19 1866 &	Charles Judge				
				- 4					

VR A15 (4) 20M 1/65

YLAND STATE DEPARTMENT OF HEALTH

Saest 12862 The state of the s The state of the s · Table . The second of the second

A STATE OF THE STA

AND TOTAL STREET, STRE

FOR STATE

TO DEPUTY W. "AL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute trificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the firstor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1286.5

P		
١,	1. PLAGE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	Montgomery MARYLAND	a. STATE . D. C. b. COUNTY
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL end give neerest town) 1/2 ln.	328 16 ST. S.E. 47
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
).	County In Cinerator	Washington ONAFARM?
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print)	130/TOIT DEATH SEPT 12 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	N- Colored WIDOWED DIVORCED	3-25-1936 30 yrs.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Truck Driver United Disposax	Georgia U.S.A.
	13. FATHER'S NAME	14. MODITER'S MAIDEN NAME
	(Leo Boxton	Martha
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / Wire Address
	(Yes, no, or unkown) (If yesqive were redetes of service) 257-56-5920 D	eLores Bulton-328-16th Street S.E
	19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CIUS hed	Chest. ONSET AND DEATH
	A 1 1 10	
	Conditions, if eny, which) Truina from !	ressure in Incinerator Truck - Sudder
	geve rise to immediate cause	
	(e), steting the undarlying DUETO	
	cause lest. (c)	THE TALL TO TO THE TENNING INCIDENCE CONDITIONS OF THE LITTLE OF THE LIT
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	[8]	YES NO X
	PRIMARY OF CONTRIBUTING	(Enter natura of injury In Pert I or Part II of item 18.)
		roulden in gets of in cinerala Trick.
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, 20f. (My or town) (County) (Slate)
_	Home a.m. 9 12 19 66 at work at work	filncinerator l'Estable Mont. Mel.
5	21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X, Inquiry X, and in my opinion
	death resulted from: Natural causes . Accident . Sui	cide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL O. S. B.O.	ASSISTANT MEDICAL EXAMINER . DATE SIGNED
	SIGNATURE STATE ST	DEPUTY MEDICAL EXAMINER 1 9/12/66
2	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	
	REMOVAL (Specify) Burial 9-19-66 Andington	T-4.2 - 7 A-7.2
	23. FUNERAL DIRECTOR ADDRESS	ational Arlington Vinginia
	3015 12th St.	NE CER 10 1000 MI. 1 0
	John T. Rnines Co.,	DATE SET 16/1966 Leaves Judge

COZSI Triang to many transfer of white the party of 1 J-25 782 100 The state of the s Late on the second section of the second second Seiner Controlle Controller Controller Controller Controller \$ 25 1.58 nd51 32 1 Domaid. Mustake vol.

STATE FOR HEALTH DEPT.

cessary, funeral may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY ME! EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

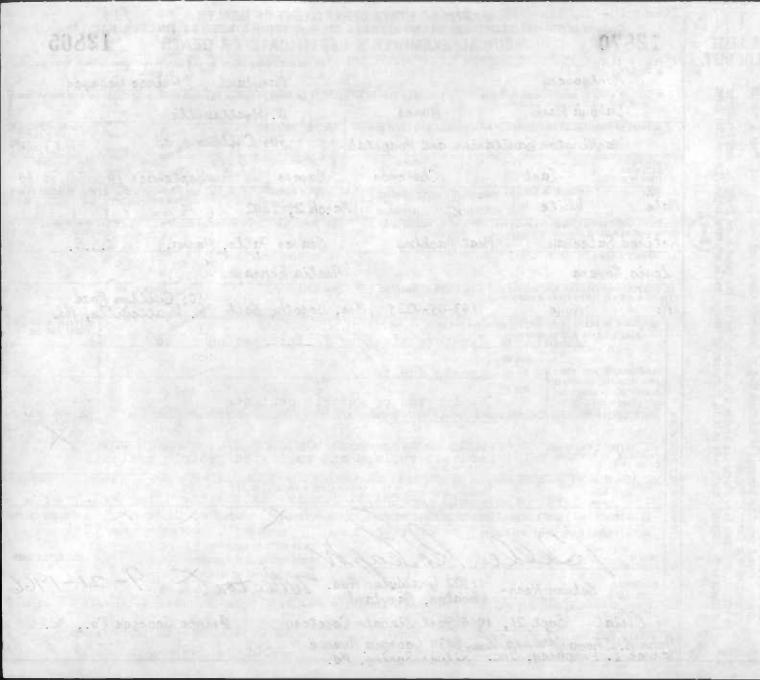
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12869	MI	EDICAL	EXAMINER'S	CERTIFI	CATE	OF D	EATH	1	2864
1. PLACE OF DEATH a. COUNTY				a. STATE		(Where dece	b. CDU	NTY	esidence before admissi
Montsom	Y (if outside corporate	a limita l	c. LENGTH OF STAY IN 1			Malda anni		arrol.	
write RURAL	and give nearest town	1)	C. LENGIN OF STAT IN 1	C. CITT OR I	OMM (II OF	itside corp	orate iimits, w	TITE RURAL	and give nearest to
Damascu	S		1 day	Mt.	Airy				06-2
d. NAME OF HOS	PITAL OR INSTITUTION	N (If not in ho	spital, give street addres	d. STREET AL	DDRESS				e. IS RESIDEN ON A FARM
Lewis D	rive								YES ND
3. NAME OF DECEASED	Fir	st	Middle	Last	1	4. DATE	Mont	h	Day Year
(Type or print)	Lee		Roy	Bosle	v	DEATH	Sept	. 10-	. 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BI		9.	ACF (In years	LIFTINDER 1	YEAR IF UNDER 24 H
Male		WIDOWED		4/5/90			last birthday)	Months	Days Hours MI
	Cauc.			11. BIRTHP	LACE /Stat	a or foreig	76 yrs.	1 12 01	TIZEN OF WHAT
during most of worki	ng life, even if retired) IN	DUSTRY	AA. DIKITIF	MOE (Stat	o or roroig	ii country)		UNTRY?
Retired C	arpenter_			Montg	omery	Coun	ty, Md	U	S.
4.1111111	11111 0	187	harman Dee	7 A.		т			
	VER IN U.S. ARMED FOR		hington Bos	Ley A	nnie	L. Br	own		
(Yes, no, or unkown)	(If yes give war or dates of	service)	OCIAL SECURITINO. 1	. INFURMANT			Addre	53	
No		217	7-09-1001	Mrs. Shi	rlev	Melvi	n. Dam	ascus	Md.
18. CAUSE DF	EATH [Enter only one	cause per lin	ne for (a), (b), and (c).]						INTERVAL BETWEE
PART I. DE	ATH WAS CAUSED BY:	a Intr	acranial he	morrace					ONSET AND DEATH
ane v			act antal me	morrage.					Tunded Tar
Conditions, if a	DUE 1		hat wound a	f hood					
gave rise to	Immediate /		hot wound o	1 neau					
cause (a), st			203.2.2.4.2.3						
underlying cause		()	inflicted						
PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIBUT	TING TO DEATH BUT NOT RI	LATED TO THE TER	MINAL DIS	EASE CONDI	TIDN GIVEN IN	PART 1(a)	19. WAS AUTOPS
CAT		None							YES NO F
PART II. OTHER S 2Da. EXTERNAL PRIMARY TO OF CAUSE OF DEATI 20c. TIME OF I Hour a.m	CAUSE WAS	20b. DI	ESCRIBE HOW INJURY OF	CURRED. (Enter n.	ature of In	Jury In Par	t I or Part II o	of Item 18.)	, ,
PRIMARY TO OF C	CONTRIBUTING -	Shot	self in he	ad above	and	in fr	ont of	righ:	t ear with
S COLO TIME OF I	MILIDY Month Day V	revo	lver Bulle JURY DCCURRED 20e. F	t lodged	left	Sup.	occ.	region	0. (01.11)
Hour a.m		While	tai	ctory, street, office	bldg., etc.)) 201. (0	ity of town)	(Cour	nty) (State)
1.50 p.m	- 1 /	6 at work	Not While at work	Street		Dama	scus. 1	Mont.	. Md.
	that I took charge	of the rema	ins described above, I		1 . 1	nspection			and in my opini
death resulte	ed from: Natural	causes .	Accident .	Suicide X,	Homicide	prompt	Indetermined	manner	
				PACETY.	MEDICAL E	XAMINER			
ACTUAL SIGNATURE	forting.	0	(agery	M.D. ASSISTA	ANT MEDIC	AL EXAMIN			22. DATE SIGNE
EXAMINER'S	ohn S. Rog					EXAMINER Ity, town,	broad (Septer	mber 10,19
NAME (Type)	ATION, 23b. DATE T	TY KO,	Silver Spr 23c. NAME DF CEMETE	RY OR CREMATOR	Y	23d. LDC	ATION (City, to	OWD OF COUR	nty) (State)
REMOVAL (Spe	clfy)								
Burial 24. FUNERAL DIREC	Sept.13	,1966	Hyattstow ADDRESS	n Christ	ian a. REC'D	BY REGIST	RAR 25b. R	n. Md EGISTRAR'S	SIGNATURE
		rth. D	amascus, Md	. 5	ATE SE	P 1 .	1966	Milean	elas Judge

VR AISME (5) 5M 1/65

A DATE I TO THE STREET AND THE RESIDENCE OF THE PARTY OF THE THE PARTY OF THE PARTY OF A . I The first of the first of the contract o and the second of the first threat has the property of the last the second of the seco THE COURSE WILLIAM TO STATE OF THE COURSE WERE THE THE TELEPTION OF BUILDING STREET SERVICE MACHINES The second secon in career les uns intraine montieur de la littere de la lactica de lactica de lactica de la lactica de l The state of the s

tems 18-21 Film 382 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery COUNTY Prince Georges MARYI AND funeral may be Department after death. b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hours Huattsville ay is nec d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours a Chillum Road Washington Sanitarium and Hospital NO K and 3. Middle NAME OF Last DATE Year DECEASED Clarence any 2,2 rand. Rowers DEATH September (Type or print) 19 2 with within 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months ALEXAMINER: This certificate should be executed within 24 hours after death. I the certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with form Male March 2, 1892 WIDOWED Z and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Salesman SA Meat Packing Beaver Falls, Penna pages in any 13. FATHER'S NAME Louis Bowers Amelia Schramm File pand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 505 Chillum Road permit. removal No None Mrs. Dorothy Bell 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Cardiorespiratory failure secondary to DUE TO Conditions, If any, which anoxia due to (b) gave rise to immediate DUE TO cause (a), stating the 53 aspiration of gastric contents underlying cause last. used as to burial, PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY ICATION PERFORMED? NO CERTIFI be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING Deceased vomited and aspirated gastric contents should lent, pri CAUSE OF DEATH. MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) 38 Not While Apt. Parking Hvattsville Md. CTOR: Page Lot 19 66 at work L 21. I certify that I took charge of the remains described above, held an Autopsy Inspection >, Inquiry and in my opinion FUNERAL DIRECTOR: Health or its design death resulted from: Natural causes Suicide Homicide Undetermined manner for your execute Page 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE director. retained f Belden Reap-NAME (Type) BURIAL, CREMATION, LOCATION (City, town or county) 0 Fort Lincoln Cemetery Prince Georges 25b. REGISTR 25a. REC'D BY REGISTRAR Inc. Pumphrey, 3500 4-64



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral M 2. USUAL RESIDENCE (Where decessed lived, Il institution: 1. PLACE OF DEATH a. COUNTY Montgomery Montgomery MARYLAND 90 b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) pue write RURAL and give nearest town) uears Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10414 Huntley Avenue Wheaton Nursing Home YES NO 3. NAME OF DECEASED Middle September (Type or print) Bradford 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Temale March 1/, WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Own Home Housewite Scranton, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Leyshon Susan Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) L'eushon 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION PERFORMED? hospital use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from...... 12 19 (af that (1) (we) last19.6.6., and that death occurred at 9 3 M, from the causes and on the date stated above. 10 saw the deceased alive on., 220. SIGNATURE ATTENDING PHYS. DIRECTOR September 14- 1966 TO HOSPITAL death. Page 4 TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ga. Avenue. Silver Spring. Maryland director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 236. DATE THEREOI REMOVAL (Specify) Colesville Cemetery Colesville. Maryland 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE

DATE

NO

(State)

SIGNED

15M 7-62

umphreu

Heart , Tohrstell Something Hampilyment H. B. H. The regard whose C. Pershus BILL Sett Summer Se Line Se send, Letter Se letter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then blease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the

		MARYLAND STATE DE	PARTMENT OF HEALTH	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
1	-	CERTIFICAT	E OF DEATH 14311	
	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm	nission)
1	_	MARYLAND MARYLAND	wash D.C.	1
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
	-	g. NAME OF HOSPITAL OR INSTITUTION (if not in lospital, give street address)	d. STREET ADDRESS e. IS RESII	DENICE
65		Holy Cross	ON A FA	ARM?
	3.	NAME OF DECEASED PARTY (Y OR MIDDLE	To Last 4. DATE Month Day Year	
	5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR I FUNDER 1	
	R	MILE WIDOWED OF OUVORCED	Jan. 25, 1892 last birthday) Months Days Hours	Min.
	10a	a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
		Banker Bank	Prince Georges Mel U.S	>1
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITYNO. 17.	INFORMANT Address	7_
	(Ŷi	es, no, or unklown) (If yes give war or dates of service)	bhy Brudy Silver Spring	Aid
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETV	WEEN
		PART I, DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	10.	EAIN D-S
		OUE TO		
		Conditions, If any, which gave rise to immediate (b)	*	
		cause (a), stating the OUE TO		
	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTI	OPCV
0	CERTIFICATION	THE THE CONTROL OF THE CONTROL OF THE TO DEATH BUT NOT REEN	PERFORM	ED?
	LIFIC	20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	YES N IRREO. (Enter nature of injury in Part I or Part II of Item 18.)	10
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s	
	MEDICAL	Have a	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Starry, street, office bldg., etc.)	ate)
	MED	p.m. 19 While at work at work	J, ottoot, ottoo blug., otto./	
		21. I certify that (I) (this hospital) attended the deceased from	557 9-29, 1966, to 145A 9-30, 1966, that (1) (we) last
		saw the deceased alive on 1966, and that	death occurred at 1345 AM, from the causes and on the date stated a	bove.
		XDV. H	ATTENDING MED. STAFF 22b. OATE SIGNED	
		22c. PHYSICIAN'S M.O	PHYS. OIRECTOR PHYS. 1 22d. ADDRESS	
16		NAME (Type) Blaine H. Eig		
	23 a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (Gity, town or county) (Stat	ie)
	24	FUNERAL DIRECTOR ADDRESS	1 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	3		THE MUN ACT 10 10CC MIL. O. O.	
			DATE OUT I 0 1000 generally Judg	<u></u>

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	$\sqrt{1}$		12873		CERTIFICA	ATE OF DEAT	Н		1286	37
that the death certificate be executed within 24 hours ofter death an. by the ottending physician and completely filled in by the funeral transit permit. Then please remove corbon popers. Pages 1 and stremation, or removal, and in any event, within 72 hours after deapth.	C		LACE OF DEATH COUNTY MONTGOMER	V	MARYLANI	O. STATE	NCE (Where deceose	b. cour	NTY WTGOM	ZRY
the frages		b	 CITY OR TOWN (If outside corporate le write RURAL and give nearest town) 	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	e limits, write RUF	RAL ond give ne	orest town)
n 24 hours of the second in 24 hours of the second in 24 hours of the second in 72 hours	776	C	I NAME OF HOSPITAL OR INSTITUTION (I	not in hospitol, g	4 day 3 ive street oddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
vithin 24 liky filled in poper within 72	70	3. 1	Dubur BAN	First	Middle	Lost	4. DATE	Mont		YES NO Doy Year
l wi		1 (PECEASED Type or print)	Boy		BRIGHT	OF DEATH	Sep		22 1966
e executed withing and completely fremove corbon		5. 5	6. COLOR OR RACE NALE NEGRO	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED			AGE (In years lost birthdoy) yrs.	Months Do	
icate be existing and remaining for another series.)	IDo.	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)	ne IDb. KII	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	ounty & Stote, or fore	eign country)	12. CITIZEN COUNTE	OF WHAT
hysiciar hysiciar n pleas		13.	FATHER'S NAME	B	-1+	14. MOTHER'S MA	-		u.	314
te death certification of tempts of the permit. Then point, or removal		15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCE, no, or unknown) ((If yes give wor or do		SOCIAL SECURITY NO.	17. INFORMANT	ELIAL	Addre		
ottendi permit.						mithew,	1 The	ne as	and	WALLEY DEDUCED
that the an. by the transit p				ISE (o) Prem						ONSET AND DEATH
hysicial gned b urial-tru			Conditions, if ony, which gove	(b)						
req ng p			rise to immediate couse (o), stating the underlying couse last.	UE TO						
The law ottendin hos bee se os the horior t	3	NOI	PART II. OTHER SIGNIFICANT CONDITION		O DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE CONDITION GIVEN	IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO
CIAN: pital or tificote d for us of Health		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ry in Port I or Port	II of item 1B.)	4.5	12 2 10
the hosp this cer detache e Dept.		MEDICAL ((IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yea Hour o.m.	r 2Dd. IN While of work	Not While	PLACE OF INJURY (Home foctory, street, office bldg		(City or town)	(County)) (Stote)
by by fter be Stat			21 Leartify that (1) (this	asnital) attend	led the deceased fra	m	. 19, to		. 19	that (I) (we) la
R: A uld the			saw the deceased alive on	Sept.	22 1966, and	that death accurre	d at 7000 M	from causes	and on the	date stated abav
e retair RECTO 3 sho d with			22a. SIGNATURE A Mo	1- 14	muc m. D.		MED. DIRECTOR	STAFF PHYS.	22b. DATE S	SIGNED
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIRECTOR, page 3 should be filed w	1		22c. PHYSICIAN'S NAME (Type) Thorn	on Boswe	ell M.D.	Subus		ital, Bo	Thosda.	md.
Poge 4 r FUNER director,	2	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF	23c. NAME OF CEMETERY Brooke	OR CREMATORY Grove Cem		ATION (City or To	,	unty) (Stote)
2 P A 15 (4)	To	24	FUNERAL DIRECTOR L. In	onden	ADDRESS		REC'D BY REGISTRA		GISTRAR'S SIGNA	

20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

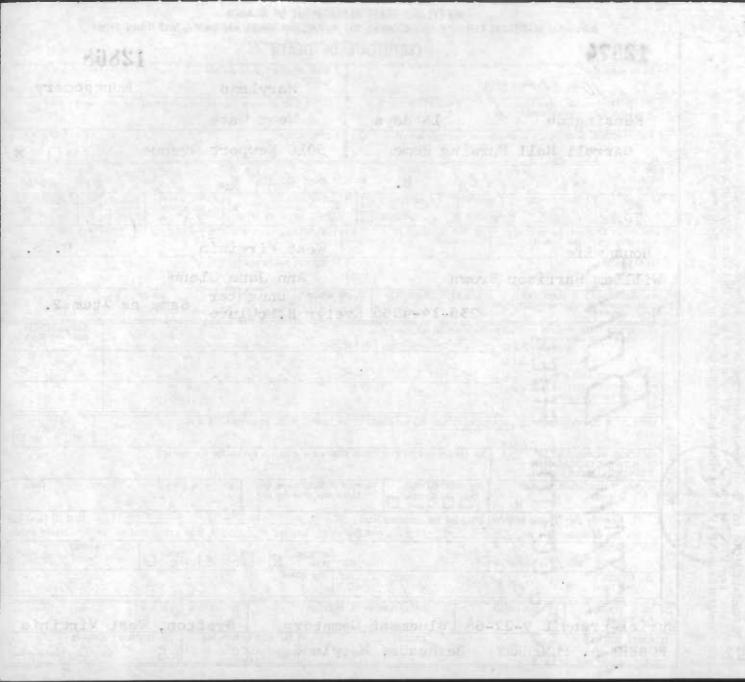
163	4	CERTIFICATI	OF DEATH		12868
I. PLACE OF DEAT	1/2				n: Residence befare admission)
a. COUNTY	Tontome.	MARYLAND	o. STATE Maryla	and b. count	Mont gomery
b. CITY OR TOW	N (If autside capparate limits,	c. LENGTH OF STAY IN 16		e corparate limits, write RURA	
Kens	and give nearest town)	13 days	West	Gate	15 .1
d. NAME OF HOS	PITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Car	roll Hall N	irsing Home	5010 New	port Avenue	YES NO NO
3. NAME OF DECEASED (Type or print)	GEORG /	ANA B.	BROCK 4.	DATE Month Sept	H 20 1966
S. SEX	, /	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Pec 3, 186		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	ION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
during most of work House	ing life, even if retired)	INDUSTRY	West Virg	ginia	COUNTRY? U. S.
13. FATHER'S NAMI	WILE		14. MOTHER'S MAIDEN NAM		
Willia	m Harrison	Brown	Ann Jan	ne Glenn	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Daugh	hter Address	т. о
No No	n) (If yes give war ar dates of ser	236-14-4566 E	velyn B.McC	Samo	as Item 2.
	DEATH (Enter only one couse po EATH WAS CAUSED BY:	or line far (a), (b), and (c)	×		INTERVAL BETWEEN ONSET AND DEATH
430	IMMEDIATE CAUSE (a) DUE TO	Comare do	wor		
Canditions, if o	ny, which gave) (b)	semile he	art dese	2 - 0	10900,
rise to immed	iate cause (a),		· mass		1/
stating the un	derlying cause				
PART II OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NOL				(-,	PERFORMED? YES NO DE
OR CONTRIBUT	WAS UNDERLYING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part II of item 1B.)	7 10 10 10 10
2Dc. TIME OF Hour	NJURY Manth, Day, Year a.m. p.m. 19		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
	rtify that (I) (this hospital deceased alive on	ottended the deceased from_ 19 66, and the	death occurred of 7	M, from couses ar	19 6, that (I) (we) lose and on the date stated above
220. SIGNATU	nawin W	adler M.	D. ATTENDING MED	D. STAFF ECTOR PHYS.	22b. DATE SIGNED /66
22c. PHÝSICIA NAME (Ty		IN WADLE	p 22d. ADDRESS &	Wise, A.	vi Beth, Ma
23a. BURIAL, CREMA		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County) (State)
Burial-1	ransit 9-22	-66 Bluemont C		Grafton, W	est Virginia
24. FUNERAL DIRE	CTOR	ADDRESS	2Sa. REC'D BY	REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
ROBERT	A. PUMPHREY	Bethesda. Ma	rviano CE	D 0 9 10CC	Millour On Verdal

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth

Poge 4 may be retained by the hospitol or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2875 CERTIFICATE OF DEATH 12803

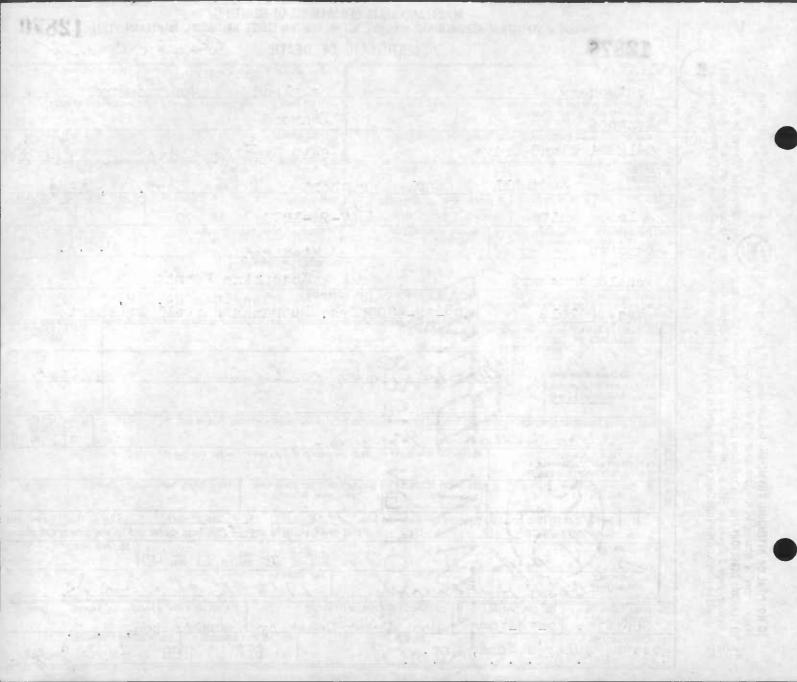
1.	PLACE DF DEAT	Н				E (Where deceased lived, If institution: I	Residence before admission)
		Montgomery		MARYLAND	a. STATE Man	ryland b. COUNTY Mon	tgomery
	b. CITY OR TOV	/N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAI	
	Rockvill	e and give hearest town	1)	6 years	Rockville		15 1
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	4005 Beu	erly Road			4005 Bever	rly Road	YES NO X
3.	NAME DF DECEASED	Fir		Middle	Last	4. DATE Month	Day Year
	(Type or print)	Lillian		Willse	Brown	DEATH September	30 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	Temale	White	WIDOWED [April 4, 190	08 58 yrs.	
LO a	a. USUAL OCCUPATION of work	TION (Give kind of work of king life, even If retired	lone 10b. KI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
9	Instructo	r	Uni		Westfield,	N. Y. U	. S. A.
13.	. FATHER'S NAM	AE .			14. MOTHER'S MAID	EN NAME	
	Hudson K	?. Willse			Lillian Da	ly .	
		EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	4005 Beverly K	Pond
	No	None		7-32-0909 C.	Willman Bro	wn Rockville Mar	uland
		DEATH [Enter only one	-4.76	ne for (a), (b), and (c).]	1	, ,,	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. D	EATH WAS CAUSED BY:	(a) Me	tastatic ca	remoma	of areast	4 years
	170 X	DUE 1				1	
	Conditions, If	any, which)	(b)		-		
	gave rise to cause (a), s		го				
	underlying cau	an Inch	(c)				
NO.	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA							YES NO
EKIIL	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. D	ESCRIBE HOW INJURY OCC	JRRED. (Enter nature of	injury in Part I or Part II of Item 18	.)
AL (INJURY Month, Day, Y		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm.l 20f. (City or town) (Col	unty) (State)
MEDIC	Hour a.		While at work	Not While facto	ory, street, office bldg., et		(otete)
	21. I certl	fy that (I) (this hosp	ital) attende	d the deceased from	ent, 20, 19	66, to Dept. 30, 196	that (I) (we) last
		ceased alive on_S	ept. 3	0 1966, and tha	death occurred at	15 M, from the causes and on t	he date stated above.
	22a. SIGNATU	RE / c /	12.		ATTENDING A	MED. STAFF - 22b.	ATE SIGNED
	4	celluch	SIL	bomace M.	D. PHYS. D	DIRECTOR PHYS. Ge	21.30,1966
	22c. PMYSICIA NAME (T		k Mooma	iu, M.D.	4000 Beve	erly Rd., Rockville	, Md.
232			HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	Burial (Sp	ecify) Oct. 3,	1966	Forest Lawn (emetery	Norfolk, Virginia	
24	2 (1	1 / ///	n Cente	ADDRESS COOK	ia Aug 25a. REC	D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
8	Jarner (arter Pumphrey	2nc	Silver Spr	ing Madate	CT 3 1966 fale	wes Judge
W	West Comment	- Jungster	7.7.10.0	- garage offi	La sono	 	

VR A15 (4) 20M 1/65

P02\$1			
		ALDER W	
			limit placement than
The colonia			
			Centre village
	J. W. Agastatable		
	and students of		a Madane St. and Sec.
	double of the section .	oganica - La	
	Bl. Assess 1000		
		mal desert 85	ell, F. sail - Taolai

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Charles & Coloner OF DEATH by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND Montgomery ontgomery 24 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b b. CITY DR TDWN (If outside corporate limits, filled in by the n papers. Page ithin 72 haurs a write RURAL and give nearest town) Kenwood Kenwood d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) 6412 Highland Drive 6412 Highland Drive NOexecuted within campletely fil 3. NAME DE Middle Lost 4. DATE DECEASED OF DEATH Marshall Earl Brushart 9. AGE (In years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave lost birthday) Months Male White 7-24-1896 WIDOWED DIVDRCED and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physician nen please during most of working life, even if retired) COUNTRY? A. **INDUSTRY** Michigan

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, PHYSICIAN: The law requires that the death certiful Josephine Morris Donald Brushart 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Item NoAddress 2. (Yes, no. or unknown) (If yes give wor or dates of service) permit. Mrs. Ruthanna Maxwell Brushart crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. doswe Cornary ore Persion Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying cause as the prior ta has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate hadirector, page 3 shauld be detached far use should be filed with the State Dept. af Health p. Coronary NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While at work ot work . 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1956 . 19 -to 9-11 1966, and that death accurred at 425 P.M. fram causes and an the date stated above. saw the deceased alive an 9-3 22b. DATE SIGNED 22o. SIGNATURE M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HOFFMAN 23c NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23o. BURJAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Rock Creek Cemetery 9-14-1966 Washington 25b. REGISTRAR'S SIGNATURE Sons. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 9 VR A15 (4) 20 M 1/66

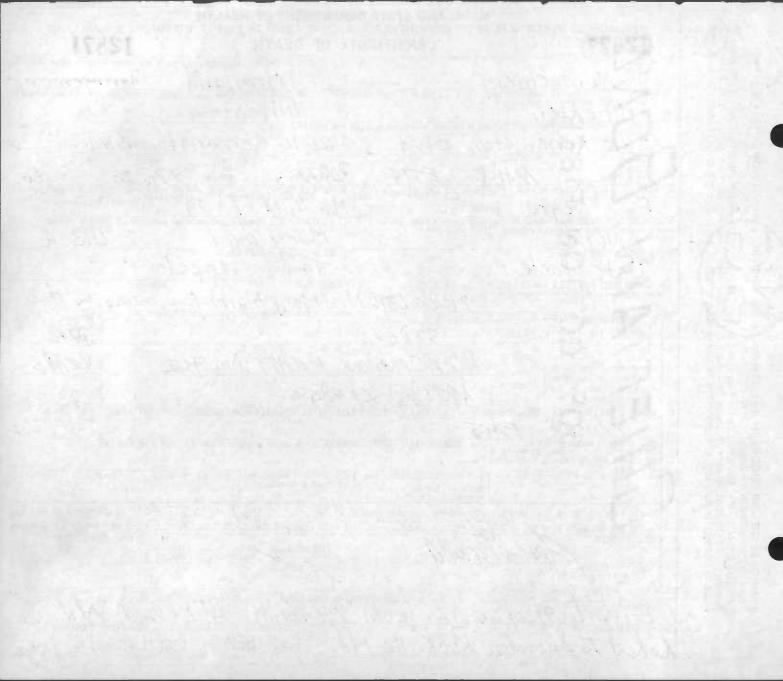


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12871

	a total perturbation (iii	
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admission)
Montgomery MARYLAND	a. STATE MANY ON B. COUNTY	tannery
	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give hearest town)	. 17	-y- 8.1.
wheaton	Wheaton	15-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2610 Kensington Blud.	2610 Kensington Blv	CI. YES NO IN
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) MATCLE ETIA 8	SURGESS DEATH SETT, 26	1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		Days Hours Min.
Negro WIDOWED DIVORCED /	Mar. 7, 18// 89 yrs.	Days Hours Mill.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
during most of working life, even If retired) INDUSTRY	Maruland	UNTRY?
NONE	1191914114	1,0,70
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Cato toole	Tamar Wheeler	
	INFORMANT Address	.10
(Yes, no, or unknown) (If yes give war or dates of service) 215-50-6396 M	rs. Mary Murphy Same	as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a)		1111-1
DUE TO 11/2 ATEXXICAL	UEBOT NISERET	1/ = 281
Conditions, If any, which (b) HIP (F)	ME MY DISADIE	4 × 19 100
gave rise to immediate cause (a), stating the DUE TO	-0.10-	
underlying cause last. (c) AMERIC SCA	EMOSS !	37
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
OF CANCER PACE		YES NO Z
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP B DR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury In Part I or Part II of Item 18.))
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
While Mot while	y, street, office bldg., etc.)	
p.m. 19 at work at work		,
21. I certify that (I) (this hospital) attended the deceased from	A96 , 195), to SOFT 46, 196	c, that (I) (we) last
saw the deceased alive of Sept 6 196 and that	death occurred at 2/54M, from the causes and on the	e date stated above.
22a. SIGNATURE	22b. DA	ATE SIGNED
M.D. M.D.	ATTENDING MED. STAFF PHYS.	
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type)		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY _ 23d. LOCATION (City, town or coul	nty) (State)
BURIAL 9/30/66 6/000/0	Memorial Suitland	Md.
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
the At Xingson Kontallo Ms	SFP 20 1000 and	
Moule to provided Joedine 110	, DATE 25 28 1866 Julia	rely Judge



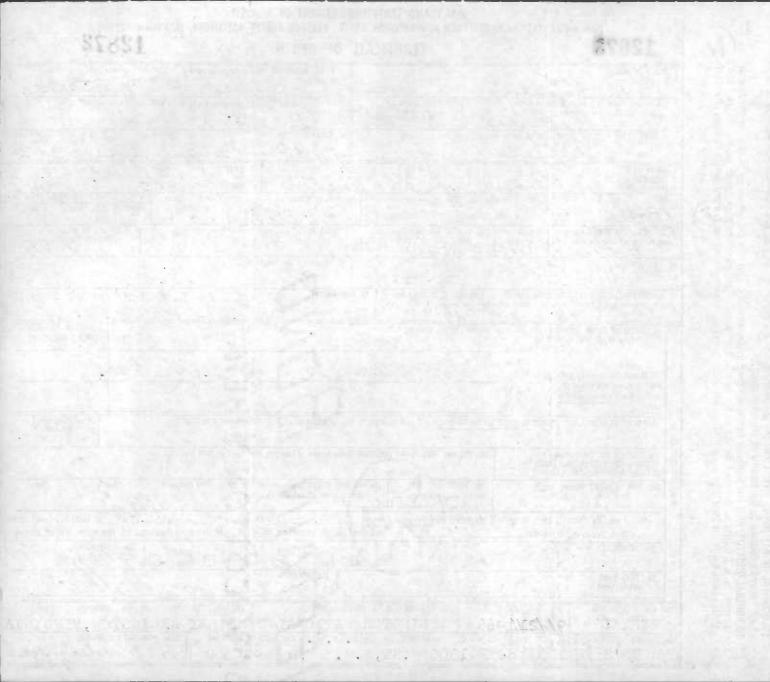
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12872 CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	o. COUNTY MARYLAN	o. STATE market b. COUNTY montains
	b. CITY OR TOWN (If outside forporote limits. c. LENGTH OF STAY IN 1	
	write RURAL and give negrest town)	C. CITT ON TOWN (IT OUTSIDE CORPORATE ONLY GIVE HEALTHS TOWN)
	Betherder Odays	W. healon
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	Duburbon	10820 Sleongea aue YES 1 NO X
	NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or print) Kiefaid	Curton DEATH X left. 18 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. Mogths Days Hours Min.
1	male WIDOWED DIVORCED	12/9/1896 (ag yrs. Abouts Months Days Hours Min.
100	o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
	ring most of working life, even if retired)	The COUNTRY? / S A
	Returned folice folice	LA MOTHER'S MAINTH HAME
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Walle Durton	Odna atkinson
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 10415 Iladdressred of Kendingles
(Y)	(es, no, or unknown) (If yes give wor or dates of service) 578-44-000	Edite Outron (day of to)
=	18 CAUSE OF DEATH (Enter only one souse per line for (o), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	1 Melkonise / Ons
	DUE TO	
	Conditions, if ony, which gove) (b) Hy perit	915100 CONVIC VASCULA (11502
	rise to immediate couse (0), stating the underlying cause DUE TO	
	lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
NO	Vene	PERFORMED?
CAT	10 the	YES NO LY
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
MED	Hour o.m. While of work of work	foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fro	am 1-1-1960, 1960, to Profession 1966 that (1) (we) las
	saw the deceased alive an 9/8 1966, and	d that death accurred at 28 M, from causes and an the date stated above
		22b. DATESIGNED /
	220. SIGNATURE	ATTENDING MED. STAFF
	John S Chriman	M.D. PHYS. DIRECTOR L. PHYS. L. 7/18/66
	22c. PHYSICIAN'S NAME (Type) - Later R (Im 1/2)	22d. ADDRESS
	NAME (Type) JOHN BUM 1124	8805 Cont. Ave. (hery (how is the
230	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	BURYA (Secty) 9/21/1966 ARLINGTO	ON NATIONAL CEMETERY ARLINGTON, VIRGINI
2	24. FUNERAL DIRECTOR CONTROL STATE ADDRESS WA	SH. D. C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	YSONG'S FUNERAL MOME 1300 N.ST.	OFD - A IDOO AMI
11.	TOOMO. D. LONEWATION TOOM TOO N'DI'	IN . W . DATE DE 20 1000 Persone

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and industries within 72 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

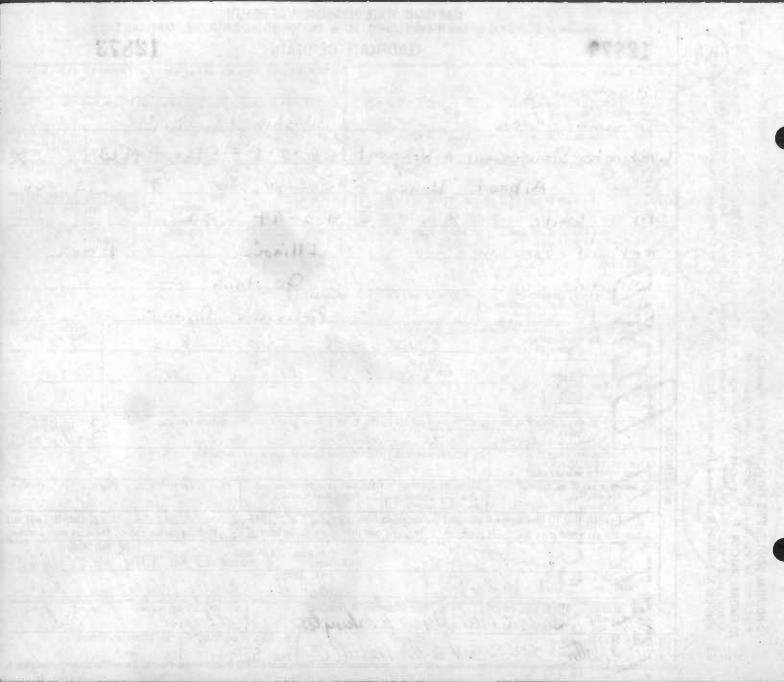


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12873

	WL	1		200	
to .	5 5 5	/	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
de	uneral and r deat			a. COUNTY	o. STATE b. COUNTY
ē .	_ O			MONTAMENCE, MARYLAND	
afte	ages rs aft			b. CITY OR TOWN (I) utside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LS	by t Par			write RURAL and give nearest town	Washington D.C.
on .			-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress),	d. STREET ADDRESS e 15 RESIDENCE
4	ers.	-		d. NAME OF HOSTIAL OK INSTITUTION (II TIOT III TIOSPITO), give street oddress)	ON A FARM?
2	lled in papers in 72 h	11	h	DAShington Sanitarium & Napital	(0430 8 - Steet N.W. YES □ NOTES
E	ly fill an p		3.	NAME OF (First / Middle /	Lost 4. DATE Month Doy Year
× .	0 0			DECEASED 12	USCHLING OF DEATH 9 13 1966
ъ.	car car		_	(Type or print) Albert Henry	
Ť.	we eve		S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthdoy) Months Doys Hours Min
Xec	ind campremayer			MIDOWED DIVORCED	9-2-94 72 yrs.
0	ren n ar		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Ď			duri	ing most of working life even if retired) INDUSTRY	COUNTRY?
o te	vsician of please	3			Illinora Hmer.
<u>,=</u>	o ali	I)	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
certificate	Ihen I			WILLIAM	Oro Anna
	The rema		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT () Address
death	nd it.		(Ye	s, no, or unknown) (If yes give wor or dotes of service)	0.7. 11 11.07
de	erm n,			No	Patient's Chart.
±	e di			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND, DEATH
to	The sile			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebr	al throm Dosis Garie
마마	cre a			DUE TO	, , ,
Sici	al,			Conditions if any which cave t	red arterio Elevorio un known
in A	ign			rise to immediate couse (o),	and the training the contract
g F	c b b			stoting the underlying couse DUE TO	
3:5	t the			lost. (c)	
en en	as to			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(a) 19. WAS AUTOPSY
The		0	CATION		variale d'heare PERFORMED?
- 5 5	cate h ar use Health		CAI		
A	ficat far far		CERTIFI	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)
Spir	hed hed			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
는 유	s chach		MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
<u>a</u>	the pet		AED.	Hour o.m. While Not While fo	ctory, street, office bldg., etc.)
N ×	e c		7	p.m. Grwork Co Grwork	
5	d b			21. 1 certify that (1) (this hospital) attended the deceased from_	Jept 6, 19 66, ta Jept - 13, 19 66, that (1) (we) last
nec nec	auld the			saw the deceased glive an 15 1966, and th	at death accurred at 530 hM, fram causes and an the date stated above.
Tai tai	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			22o. SIGNATURE	22b. DATE SIGNED
× =	≥ 3 E			buil har,	A.D. PHYS. DIRECTOR DPHYS. D SEAR 13 1966
P 9	DIR ge 3			22c. PHYSICIAN'S	22d. ADDRESS
E S	AL DIS	1		NAME (Type) EINO MAGI	1831 Univ. Blvd. E. Silv Spr. Mol.
SPI T	d b	- 1			
10	aul aul		230	BURIAL, CREMATION 238. DATE THEREOF 234 NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town) / (County), (Stote)
Page	direct shaul			REMOVAL Specify Sept 16, 1966 Glorge Wash	ungton allephi, Md
I	=	0	24	EUNERAL DIRECTOR ADORESS /	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4)	Ros.	150	MINUM WARLES 254 CARRAGE OF WIN Warl	18 0 NEW SED 10 MODE AND
2	0 M 1/66	11/1	VY	they found to the former	40. C. DATE DEP 16 1966 MCharles 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12874

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befor

		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY						
	0	Montgomery	MARYLAND	o. STATE Virginia b. COUNTY						
Ī	b	CITY OR TOWN (If outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		write RURAL and give nearest town) Bethesda (Rural)	Arlin	gton	P3-3					
ı	d	Bethesda (Rural) 4 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
		Naval Hospita	al	5717 First Street, South YES NO						
		NAME OF First DECEASED	Middle	Lost 4.	DATE Month OF	Day Year				
	(Type or print) Patricia	Murray	CAHILL. B. DATE OF BIRTH	DEATH September	23 1966				
	S. S	EX 6. COLOR OR RACE 7. M.	9. AGE (In years IF UND last birthday) Month	DER I YEAR IF UNDER 24 HRS. IS Doys Hours Min.						
		Female Cauc WII	DOWED DIVORCED O	ctober 17, 19	24 41 yrs.					
	100.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ote, or foreign country) 12.	. CITIZEN OF WHAT COUNTRY?				
	aurii	ng most of working life, even if retired) Housewife	Bronx, New York USA							
		FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
		Unknown Louis M	IRRAV	Evelyn Heels	n					
-	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CDD Tolan CALITIT Address								
		s, no, or unknown) (If yes give wor or dates of service NO	100-18-4121 57			noton. Va.				
F	1	No /co-18-4/3/ 5717 First Street, South, Arlington, Va. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN								
		PART I. DEATH WAS CAUSED BY Carcinoma of the Left Breast with widespread ONSET AND DEATH								
		DUE TO Metastasis								
		Conditions, if ony, which gove) (b)								
		rise to immediate couse (a),								
	stoting the underlying couse (c)									
	ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)								
2	CERTIFICATION	TAN III O'IL SOUNDER SOUNDE SOUNDER SO				PERFORMED? YES NO				
		20a. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	I or Port II of item 18.)					
	E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor		E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)				
	ME	Hour o.m. p.m. 19	While at work Not While of work	ory, street, office bldg., etc.)						
		21. I certify that (this haspital)	attended the deceased fram	19 Sept. 196	6 , to 23 Sept , 1	1966, that the (we) last				
		saw the deceased alive an 23	Sept 19 66, and that	death occurred at2:	20PM, from causes and ar	n the date stoted above.				
		220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED								
	Н	M.D. PHYS. LA DIRECTOR LA PHYS. LA 24 Sept 1966								
		22d. ADDRESS NAME (Type) Stanley S. WEGTARZ M.D. 22d. ADDRESS Naval Hospital, Bethesda, Maryland								
-			23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (Stote)				
	220	BIDIAL CREMATION 1 72K DATE THERETHE								
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b, DATE THEREOF			, , ,					
		REMOVAL (Specify) 9-27-6	6 Arlington Nat	ional Cemeter	y Arlington, V	irginia				
			6 Arlington Nat		y Arlington, V	irginia				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death. Page 4 moy be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

IZNEE THE STATE OF THE S makes in the second second second Service - dieth and a reset states. Sales, and Western Val. Too Sing said the court of the c The State of the S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH l and er death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY Montgomery b. COUNTY Florida MARYLAND Lee executed within 24 haurs after # c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, ely filled in by the bon papers. Page within 72 hours a write RURAL and give neorest town) Bokeelia Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? attending physicion and completely filled i permit. Then please remove carbon pape on, or removal, and jn any event, within 72 Box 44 U.S. Naval Hospital. Bethesda. Maryland YES | NO X 3. NAME OF 4. DATE Month DECEASED 19 66 Sept DEATH (Type or print) Alberto CAMPBELL 12 JULY IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5 (ast birthday) WIDOWED DIVORCED Male Cauc 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY /A TISANTRY? Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Permelia Smith Robert Campbell 16. SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 324 Independence Ave (Yes no or unknown) (If yes give wor or dotes of service) permit. 578-22-8492 Mrs. Ruth A. Campbell Washington, D.C. cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit burial, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Diffuse hemorrhage right lung that IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or attending physician. DUE TO Bronchogenic Careinoma (Epidermoid) Conditions, if ony, which gove 3 years rise to immediate couse (o), DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. af Heolth prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NA NA (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. No Wahile foctor Wareet, office bldg., etc.) NA of work 21. I certify that XX (this haspital) attended the deceased from 1 August, 19.66, to 1 Sept., 19.66 that (X (we) last saw the deceased alive an 1 September 19.66, and that death accurred at 12:30, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. September 1966 ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert J. Kinney U.S. Naval Hospital, Bethesda, Maryland LCDR MC USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) REMOVAL (Specify) Arlington National Cemetery Arlington. Va. 2Sb. REGISTRAR'S SIGNATURE 11th Street, S.E., 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 SEP DATE Washington, D.C.

			10000
12875			8 19 19 19
	ID HOLE		
	THE NAME OF STREET	Continue to the	M.C. respectations and
	THE CONTRACT OF THE PARTY OF TH		
	dree 2 W 57		dred elev
	Sale and and and a	A Alexander	WAR . 1.
emalmore of 484 On Charlet Medical	Section of the Company of the Compan	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Despet grade
		in the contract to the contract to	
Par I	(Stronglyd) sunter		
	The second of th		
Lieunius II II			
Harana , ebendana	Fig. II The III . 2.01 - 18	eur art mean un	is Associated
100	211 The 1900 Carrisonal		
	4, 5,8,4		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and completely filled in by the funeral services. Poges 1 and services carbon papers. Poges 1 and services after death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CITY OR TOWN If outside corporate limits, write RURAL and give neorest e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARMS NO() 3. NAME OF DATE Middle DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE EVER MARRIED AGE (In years last birthday) Months Doys Hours WIDOWED DIVORCED male 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY-COUNTRY? eose physician on pleose pup 5. D.a. Minister 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME or removol, attending p permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the after buriol-tronsit permi buriol, crematian, o INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO prior to l stoting the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS ATTENDING PHYSICIAN: The PERFORMED? Heolth use YES ! Tension TO FUNERAL DIRECTOR: After this certificate by the hospitol or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. of l (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) at work at work 21. I certify that (1) (this hespital) attended the deceased from 1965 Jan be retained 9.13 19.66, and that death occurred of 4.50. M, from couses and on the date stated above. sow the deceosed alive on_ 22b. DATE SIGNED 22a. SIGNATURE STAFF directar, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S COSTALL AR Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d/ LOCATION (City/or Town) 730. BURIAL EREMATION (Country (Stote) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16)(7-

1							0. 0. 0.			140	266		
		ACE OF DEATH					2. USUAL RESIDENCE (Where deceos	ed lived, if institut	ion: Residen	ce before	e odmissio	on)
	0.	COUNTY	Montgomery		MARYI	AND	o. STATE Maryl	and	b. COU	NTY MC	ontg	omer	7
	b.	b. CITY OR TOWN (If outside corporate limits.			C. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		te limits write RU		-		
		WHITE RURAL one	d give neorest town)	,	7 days			ersbu		are one gro	/		1
			AL OR INSTITUTION (If no	t in bossital .		-	d. STREET ADDRESS				/	e. IS RESII	TENCE
1								, Box	380			ON A F	ARM?
1		Monogomery General Hospit					Ш					YES	NO _
	3. NAME OF First DECEASED			Middle		OF		Mon					
	(Ty	ype or print)	Rache		Elizabe	-	Carroll	DEATH	9-29-1		1 1/5 1 5	19	
1	S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8 DATE OF BIRTH	9	log sirthdoy)	Months	Dovs	Hours	Min.
	I.e	emale	Negro	WIDOWED	DIVORCED		1-28-1883	7 1	yrs.				
	10o. U	SUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County		reign country)	12. CIT	TIZEN OF	WHAT	
	during	charwo	life, even if retired)	U.S	Governmen	t	Maryland			U.S.A.			
	13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME						
		Wesley Boyd					Johnson						
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
		no, or unknown)	(If yes give war or dotes of	is Service)		Ho	spital admi	ssion	record				
		18. CAUSE OF DI	EATH (Enter only one cou	se per line for	(o), (b), (nd (c).)		11. 1	1 1			NTE	RVAL BET	WEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSER AND DEATH									EATH		
		44	DUE			15		11	4 0 t	77		20	1
		onditions, if ony,		(b)	ODER	7	SHOWEN	ma	July-	1		NO	du
		rise to immediate couse (o), storing the underlying couse DUE TO											
		lost. (1) Strawn Debrard											
h	_ P	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BURNOY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
	CERTIFICATION				10						YE	S FORM	NO 🗍
	E 2	20a. ACCIDENT WA		205. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port	t II of item 18.)			1900	
			CAUSE OF DEATH MEDICAL EXAMINER)										
ì	7	20c. TIME OF INJU	JRY Month, Day, Year	2Dd. II	NJURY OCCURRED		CE OF INJURY (Home, form		(City or town)	(Cou	unty)	(Stote)
	WED	Hour o.r	10	While of work		foct	ory, street, office bldg., etc.	4	die 11				
			fy that (I) (this has			ram	9/22/	90 - 00	0, 9/29	196	th.	nat (I) (we) I	we) la
			eceased alive an	912			t death accurred at	5:10L	from causes	and an th			
	-	220. SIGNATURE	Vim	29	1		ATTENDING	MED	CTAFF	226. D	A TE SIGNE	iQ	
			L. MIS	500	5	M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		.,0		
		22c. PHYSICIAN'S Tollers 22d. ADDRESS South OX WY											
	_	NAME (Type	Ti Geom	miger er	A THE DAY	we	Gaithe	100	g, Markia	and \			
0		BURIAL, CREMATIC		EREOF	3c. NAME OF CEMET	ERY OR	CREMATORY	23d. 10	CATION (City or To	wn)	(County)	(S1	tote)
1	1	REMOVAL (Specify	1 10/3	166	Brooke	0 G	rore	Lic	aytons	50011-	e	m	d.
)	24.	FUNERAL DIRECTO	R D 1		ADDRESS	,	2So. REC'I	BY REGISTR	AR 2Sb. RE	GISTRAR'S SI	GNATUR	E	

DATE (

West L. Showden Rock ville

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleose remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in ady event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

12577		#3851
	A salation of the salation of	
	and the state of t	
b b 6	The National Land Control of the Second Cont	
100-01-00 To 100 To		
Self of Parketing in		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(N			12054 CERTIFICATE OF DEATH	75
uneral open			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY	before admission)
the fun ages 1 s after		Б	MARYLAND MACHANAM Outside corporate lights, c. LENGTH OF STAY IN 1b c. CITY OR TOWN fill outside corporate limits, write RURAL and give no	eorest town)
n by the fu s. Pages 1 havrs after		-	write BURAL and give nogest town 3days Chillum	16.2
lled in papers. iin 72 h	91	d	A. NAME OF HD SPITAL OR INSTITUTION (If not in hospitol, give street oddress)	e. IS RESIDENCE ON A FARM? YES NO
年 三 主			NAME OF A First Middle. Lost 4. DATE Month	Doy Year
		(Type of point) Antonio NMN CateNA OF DEATH 9 -/ OF DEATH 9 AGE (In years IF UNDER 1 YE	8 1966 EAR IF UNDER 24 HRS.
ve		S. S		oys Hours Min.
an and co		durin	USUAL OCCUPATION (Give kind of work done no industry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZE COUNT CALEMAN CALE	N OF WHAT
a ple			FATHER'S NAME 14. MDTHER'S MAIDEN NAME	9117
Ther Ther		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address	
by the attending phy transit permit. Ther crematian, ar remava			s, no, grunknown) (If yes give war or dotes of service) 579-01-9409 Haspital Records	
the at sit pe natiar	H		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
by the transit			IMMEDIATE CAUSE (o) DUE TD	caye
signe burial burial			Conditions, if ony, which gove rise to immediate couse (o), (b)	
been s the b iar ta b			last. DUE TO (c)	
	1	NC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ate t or us	0	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
certificate has hed far use a st. af Health pr			OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this letac		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 20d. INJURY OCCURRED While Not While of work at work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	y) (Stote)
R: After suld be a the State			saw the deceased alive on Sept 17 1966, and that death accurred at 3 154M, fram causes and an the	
DIRECTOR: ge 3 shauld iled with the			22a. SIGNATURE P. Ongel M.D. ATTENDING MED. STAFF 22b. DATE PHYS. DIRECTOR PHYS. DATE	18/66
ERAL D	1		22c. PHYSICIAN'S NAME (Type) EPINGEL 1222 MONROESTN. EW.	ASH DC
TO FUNERAL director, pa shauld be fi	2	230	REMOVAL (Specify) 9. 22-66 FT. LINCULIN BLADENSBURG	ounty) (Stote)
VR A15 (4) 20 M 1/66	6	24,	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGN	IATURE CONTRACTOR

W

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

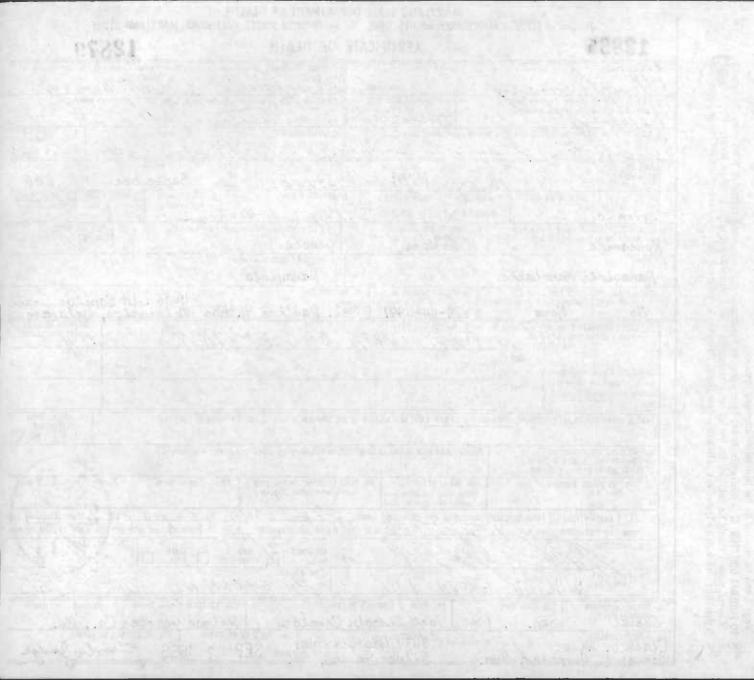
Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

12885

CERTIFICATE OF DEATH

		- The Table 1	0 0 0
1. PLACE OF DEATH	10 STATE	/here deceased lived, if institution: Reside	nce befare admission)
Mout som Ery	MARYLAND Marykaes	ed Montge	recelly_
weste RURAL and give negrest town)		side carparate limits, write RURAL and give	ve nearest town)
Keuseilglace 71	Mos: 23 days Utie	alow, Mf.	15-1
NAME OF HOSPITALOR INSTITUTION (If not in haspital, give stre	2/	. 0 11 5	e. IS RESIDENCE ON A FARM?
pengington gardens 1	THE TOTAL TO	- NEEGIE BULL	E YES NO D
3. NAME OF DECEASED (Type or print)	(NM9) Chakeres	4. DATE Month OF September	Day Year 19 66
Ecucale WIDOWED WIDOWED	NEVER MARRIED 8. DATE OF BIRTH DIVORCED 1 May 16190	9. AGE (In years last birthday) 9. AGE (In years Months) 9. AGE (In years Months)	Doys Hours Min.
1Da. USUAL OCCUPATION (Give kind af wark dane IDb. KIND OF			ITIZEN OF WHAT
during most of working life, even if retired) SUDUSTRY	tome Greece		WSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N		
Panayioti Manolakis	Panayiot		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, grunknawn) (If yes give war ar dates of service)	SECURITY NO. 17. INFORMANT	4406 Old C	apitor Trail
	14-4991 Mrs. Pauline	Anthos Wilmington	Delaware
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b)	and (c).)	Dane -	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INOMH OF BI	164151	942
DUE TO			//
Conditions, if any, which gave is to immediate cause (o),			
stating the underlying cause			
last. (c)			I to was alleged
NOTE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
☐ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in P	Part I ar Part II af item 18.)	
	OCCURRED Not While at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	, 20f. (City or town) (Co	ounty) (State)
21. I certify that (I) (this haspital) attended th	ie deceased fram Feb., 1		that (I) (we) last
saw the deceased alive an / Sufficient	19 66 and that death accurred at	A.L. Carrier Committee Com	
22a. SIGNATURE	M.D. PHYS.	MED. STAFF 22b. DIRECTOR PHYS.	Sept 66
22c. PHYSICIAN'S NAME (Type) WALTER GOOTH	MD 2340 G	LENMONT CIR	WHEATON
DEMOVIAL IS STATE	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
Burnel Sep. 6, 1966 90	rt Lincoln Cemetery		o. Md.
24. FUNERAL DIRECTOR. Clark & Wisor Clark	8434 GEDRAGIA HUEL OF	BY REGISTRAR'S	
Warner & Dumphray Iva	Silver Spring My DATE S	EP 7 1966 Julio	when Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12886 C	RTIFICATE	OF DEATH		12880
)		PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	O. STATE MARY	AND b. COUNT	MIDDIGDMERY
	5	b. CITY OR TOWN (If outside corporate limits, write RURAL and over nearest town) d. NAME OF HOSPITAL OR 7/NSTITUTION (If not in hospital, give street additional contents)	DAYS	d. STREET ADDRESS	e corporate limits, write RUR/	L ond give neorest town) e. IS RESIDENCE
8		Holy CROSS HOSQI	tal]	4000 MO.	NTDELIER	ON A FARM? YES NO
		DECEASED (Type or print) SAMUE	H. C	AIBOPNE	DATE / Month OF DEATH	Doy Year 30 19 66
		M WIDOWED D	IVORCED .	2/3/189	9. AGE (In years lost outhday) yrs.	Months Doys Hours Min.
d	duri	00. USUAL OCCUPATION (Give, kind of work done uring most of working life, given if letired) 10b. KIND OF BUSINES UNDUSTRY	ALONE	11 BIRTHPLACE (County & St	INIA	12. CITIZEN OF WHAT COUNTRY?
		JOHN HOGAN CLAIBORNE		SUSAN BEI	LE ONEY	
		S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor of dotes of service) WWL 16. SOCIAL SECURIT	Y NO. 17. IF	JEORWANI	BORNE - See	Item#2
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (or part i. Death was caused by: IMMEDIATE CAUSE (o)	c).)			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause	nTe	unos		6 month
		last. (c)	NOT DELAWED TO X	IF TERMINAL DISEASE CONDIT	ION CIVEN IN PART 1/-1	19. WAS AUTOPSY
	CATION	RAKI II. UITER SIGNIFICANT EMILIONS CONTRIBUTING TO DEATH BUT	Fol (lens &	Cley's	PERFORMED? YES NO
	L CERTIFICATION	(IT CITTER, NOTIFE MEDICAL CAMMINER)		inter noture of injury in Port	I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRE While of work of work	le focto	OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I certify that (I) (this haspitol) attended the decsaw the deceased alive on 19		death accurred at	5, ta Maramacauses a	d, I that (I) (we) last nd an the date stated above.
		220. SIGNATURE COLLY	M.D	ATTENDING MEI PHYS. DIR	STAFF PHYS.	22h DATE SIGNED 66
		22c (PHYSKIANS John J. Curry, M.D.		10620	Georg.	Jour Sous
		Burial 9-22-1966 Arlin	of cemetery or congton N	at'l. Cem.	Arlington	Va
		24. FUNERAL DIRECTOR Joseph Gawler's Sand	s Inc.	2Sq. REC'D BY	P 2 6 1966	STRAR'S SIGNATURE Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 ond 2 should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter deat

Page 4 may be retained by the hospital or attending physician.

BAZS1 The Part And Albert Server N

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12881
e funeral and 2 en death.	1. PLACE OF DEATH a. COUNTY Montgomery Marylano 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY Montgomery
ours after in by the Pages. I tours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
24 hours filled in by papers. Pa nin 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 506 Sligo Avenue yes \sum no 2
ited within 24 hours completely filled in by ve carbon papers. Pagevent, within 72 hours	3. NAME OF DECEASED (Type or print) John A. Clark DATE Month Day Year DECEASED (Type or print) John A. Clark DEATH September 2 xxx 1966
and corremove any even	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH White WIDOWED DIVORCED April 22, 1886 9. ACE (In years last birthday) 80 yrs. FUNDER 14 FUNDER 14 FUNDER 14 FUNDER 14 FUNDER 14 FUNDER 18 FUNDER 19 FUNDER
be be ase and in	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? Silver Spring, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rtiff rhe mo mo	Bailey R. B& Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.
カートも言う	(Yes, no, or unknown) (If yes give war or dates of service) No None Yes Mrs. Grace Clark Silver Spring, Md.
res that the deat physician. signed by the at urial-transit pern burial, cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO INTERVAL BETWEEN ONSET AND DEATH 3 C Monta
ph ph si si si ph	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
N: The law required or attending filtrate has been for use as the Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPS
SICIAN hospil cert ched pt. of	PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
NG by be Stat	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20mm 2
OR ATTENDING y be retained by DIRECTOR: Afte age 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1956, to 20, 1966, that (I) (we) la saw the deceased alive on 1966, and that death occurred at 2156M, from the causes and on the date stated above 22a. SIGNATURE
OR be 3ge 3 ge 3	22c. PHYSICIAN'S ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHY
HOSP age 4 FUNEI rector	NAME (Type) W. B. Wardrop, M.D. 800 Pershing Drive, S. S., Md. 23a. BURNALL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of of bear	Burnal (specify) Sep. 6, 1966 Fort Lincoln Cemetery Prince Georges Co. Md. 24 FUNERAL DIRECTOR Clark Wisor Clark & Misor Clark
VR A15 (4)	Warner E. Pumphrey, Inc. Silver Spring, Md DATE SEP 7 1966 Miller Judge.

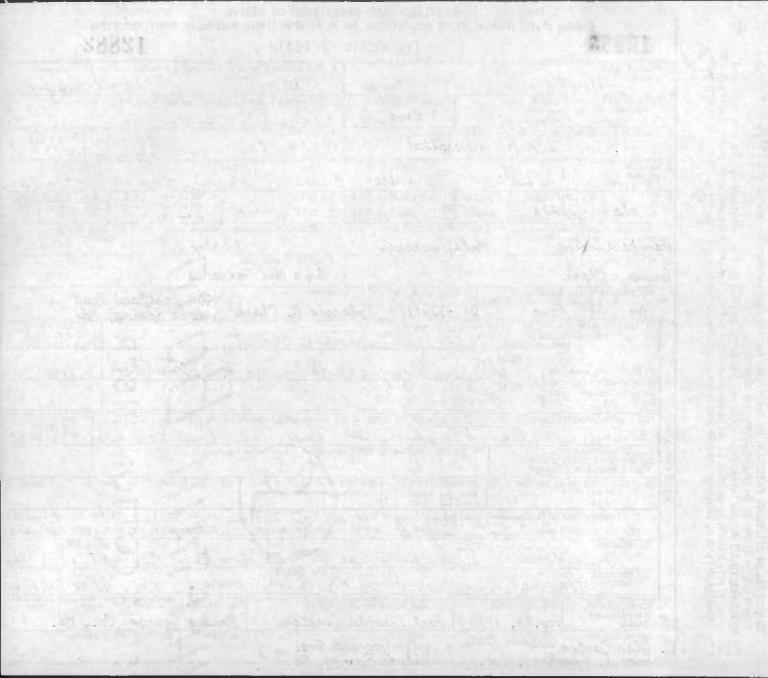
ment spile out 1000 10 St. 21 (185-18) delay . Did . can akanhana a Man I was Stone Chart Stone Stone Stone If the realizing fill it is a contract of the Topic de Chief Forde School Contains - Heisen School St. Co. Lo. A CHARLES AND THE REAL PROPERTY AND THE REAL PROPERTY AND THE PROPERTY AND Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		12888	CERTIFICATE	OF DEATH		12882
		PLACE OF DEATH O. COUNTY MON + 60MERY	MARYLAND	O. STATE MD.	here deceosed lived, if institutio b. COUNT	mont some my
	5	write RURAL and give nearest town)	ength of stay in 16 3 days	c. CITY OR TOWN (If outs	side corporate limits, write RURA 「アルドルム	LL ond give neorest town)
9	(H. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give showing the state of t		d. STREET ADDRESS	RTLAND RO	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) First LA040	Middle Mason	Chark	4. DATE Month OF DEATH SER	
	S. S	Wale White WIDOWED	DIVORCED	8-10-92	- 74 yrs.	Months Ooys Hours Min.
	dysi	ng most of working life, even if retired) Metal.	BUSINESS OR Y SCREENS		State, or fareign country) IOWA	12. CITIZEN OF WHAT COUNTRY?
	_	father's name eymour Clark		Anna Mae		
	15. (Ye	s, no grunknown) (If yes give war or dotes of service)		ssie B. Cla	rk Silver Spr	and Road
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	ny arro	+	INTERVAL BETWEEN ONSET AND DEATH MINISTER
		Conditions, if ony, which gove rise to immediate couse (o),	lozenie C	alcinone	= metosta	set 6 mo's.
		stoting the underlying couse (c)	0			
3.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	physema	: Hyperten	sure Cordieres	19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW JURY OCCURRED. (I	//		
	MEDICAL	p.m. 19 ot work	Not While at work focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I certify that (I) (this bespital) attended to	he deceased fram	death Ocurred at 9	M, from causes as	
		220. SIGNATURE Javel W. Dr	oper M.D.		MED. STAFF PHYS	2260 DATE SIGNED 17, 1966
	00.	NAME (Type) HAROLD W. DRA	7 - 77	10620 G	ECRGIA AVE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		DEMOVA (Specifu)	ort Lincoln ADDRESS	Cemetery	23d. LOCATION (City or Town Prince Georg BY REGISTRAR 25b. REGI	
	Cine	Glen Carter Collen Cotta	8434 Georgi Silver Spri	a Ave. DATE SE	P 2 7 1966	sike s signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospitol or attending physician.



1 (M)

10 FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	OLIVIII ONIE	1.40)(1)
1.	1. PLACE DF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	MONT GOMERY MARYLAND	a. STATE MARYLAND b. COUNTY MON	YT GOMERY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. C write RURAL and give nearest town)	ITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	SILVER SPRING Ldays	SILVER SPRING	15-1
	7101	STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	TAIR LAND NURSING HOME FAIRLAND &	3314 CAREY HANE	YES NO
3.	3. NAME OF TO First Middle O / - A	Last 4. DATE Month	Day Year
-	5. SEX 6. COLOR OR RACE 7. MARDIED NEVER MARDIED 18. DA	ENIS DEATH 9 2	1966
3.	MALE 1111 T- 1. WARRIED A WEVER MARRIED	TE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months (Days Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11.	BIRTHPLACE (County & State, or foreign country) 12, CIT	IZEN OF WHAT
du	during most of working life, even if retired) INDUSTRY	0 0	UNTRY?
13	INSP. PENNA K.R.	MOME SEORGIA U	,517
	CISERO CLEMENTS	SARAH WARDLAW	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOI (Yes, no, or unknown) (If yes nive war or dates of service)	RMANT Address	Del 640.19
10		OSE LATVA RN. 2101 FAIR	SPRING MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My ocardial Zint	farction	immediate
	1 + X OUE TO		
	Conditions, If any, which gave rise to immediate (b) Hypopharyngeaf	Carlinoma	6 mos
	cause (a), stating the DUE TO		
N	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	ST TAKE IN CONTROL OF THE PROPERTY OF THE PROP	O THE LEMMINAL DISEASE CONDITION GIVEN IN TAKE A (4)	PERFORMED?
TIFI	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of Injury In Part I or Part II of Item 18.)	1
CER	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
MED	Hour a.m. p.m. 19 While Not While at work at work at work	cot, omoo bigg., cto.,	
	Tall I don't I that the tend independent and addressed in the		, that (I) (we) last
	saw the deceased alive on Aug 3/ 1966, and that deat		
	22a. SIGNATURE	TENDING MED. STAFF	TE SIGNED
	1000 mg ~ V	AYS. DIRECTOR PHYS. Deput	2,1766
	NAME (Type) Allen S. Gardner	1807 Eldon LANE Silver Spi	ing md
23	236. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION (City, town or cour	nty) (State)
	REMOVAL (Specify) / Lept 7-65 Carbary beny	(ditagra)	Ponna.
24	24. FUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0 0
1	1 Smarth Julian 254 Carroll +	WILL DATE SEP 7 1866 Julia	nes judge

VR A15 (4) 20M 1/65

PRAYLEND MONTELES SILVER STEINE REGION SILVER SPRING FAIRLAND NURSING HOME BELL 8314 CAREY LAWE JUDSON W. CLEMENTS 9 2 MALE WHITE 'X 6-28-83 83 ROME GEORGIA LLSA INSP. PENNA RR. SARAH WARDLAW CISERO CLEMENTS The 16 75794 Rose LATER RN STLER SHOWEN

MARYLAND STATE DEPARTMENT OF HEALTH

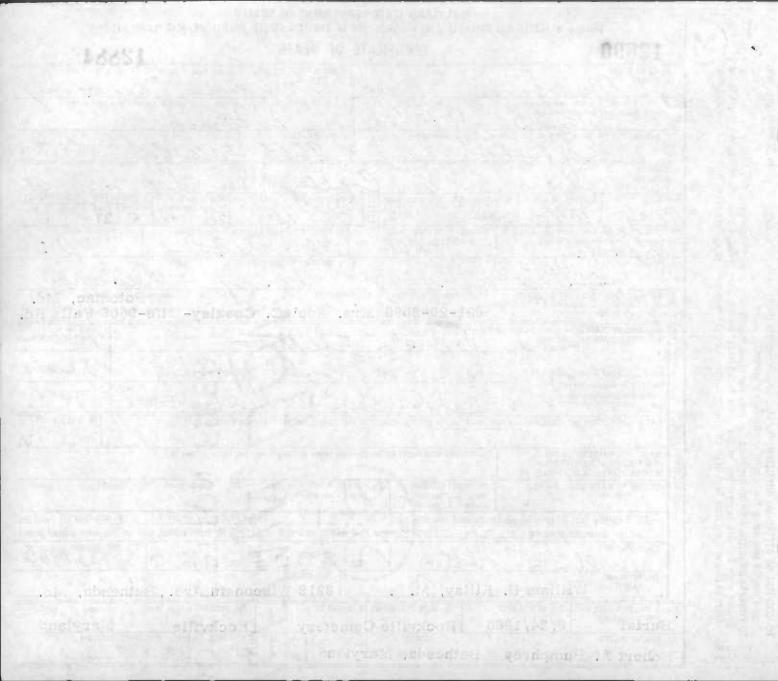
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

		14000		CERTIFICAT	L OI DEATH		12884
		PLACE OF DEATH				here deceased lived, if institutio	
	(a. COUNTY	ntrim	MARYLAND MARYLAND	a. STATE	b. COUNT	marker
×	ŀ	b. CITY OR TOWN (If autside	carparate limits.	c. LENGTH OF STAY, IN 1b	c CITY OR TOWN (If all	side carparate limits, write RURA	L and give negrest town)
		write RURAL and give ned		13 dru	1	1	1150-1
	-	NAME OF HOSPITAL OR INS	STITUTION (If not in b	ospital, give street address)	d. STREET ADDRESS	romas	e. IS RESIDENCE
		o. Maine of host time on he		ospiral, give sincer address/	9/1/	7-11-1	ON A FARM?
	2 0	NAME OF	wour	N:Jal.	1000	fallera	YES NO NO
	[NAME OF DECEASED	First	Middle	Last	4. DATE Month OF	Day Year
	5. 9	(Type or print)	IR OR RACE 7. M	ADDIED TO MEDIED TO	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	3	72	0-1	NEVER MARRIED NEVER MARRIED	ella ~ /.		Months Days Hours Min.
	10	sale w	race !	DIVORCED DIVORCED	7/20/10	136 yrs.	4 27
		. USUAL OCCUPATION (Give kining most) of working life, even		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
		Keseauer	4	TKW	Spent	Alotticky,	43/4
	13.	FATHER'S NAME (U)	llion	8 0 11	14. MOTHER'S MAIDEN N	AME	1
		John	/	Coakley	1110	try 1	Mugued
		WAS DECEASED EVER IN U.S. A s, na, or unknown) (If yes giv		ice)	INFORMANT	Address	Potomac, Md.
	(76		091-20-8096 M	rs. AdeleC.	Coakley-Wife	-9606 Falls Rd.
		18. CAUSE OF DEATH (Ent		r line for (a), (b), and (c).)	- 0 00 -		INJERVAL BETWEEN
		PART 1. DEATH WAS C	MEDIATE CAUSE (a)	Ventual	Fahrellol	ion	PRISET AND DEATH
		4211	DUE TO	0 2 0	1-0	11 +	7/20
		Conditions, if any, which go rise to immediate cause (Cate my	olorship	Marchon	2 west
		stating the underlying car			1 0 1	1/ - no -	- Jon
		last.	(c)	areussel	erdu A	lear sose	14 8
N	×	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Ă.	SATIO						YES NO 🛛
Н	CERTIFICATION	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE		205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	art I ar Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL I					
	MEDICAL	20c. TIME OF INJURY Mant	h, Day, Year		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)
	WE	p.m.	19	While Nat While at work fa	ciary, street, office blog., etc.)		
				attended the deceased fram_		166, to 4-22	, 1%, that (I) (we) last
3		saw the deceased	alive on 9	-24 1968, and th	at death occurred at	M, fram causes a	nd an the date stated abave.
		22a. SIGNATURE	11	VM	ATTENDING	MED. STAFF	22b DATESIGNED
		When	n Hay	willow N	I.D. PHYS.	DIRECTOR L PHYS. L	3/17/100
		22c. PHYŠICIAN'S NAME (Type) TXT i	lliam H.	Killow M. D	22d. ADDRESS	oonsin Assa D	Cathorada Nad
		- 77.				consin Ave., B	
1		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or Town	
0		Burial Specify)	9/24/196			Rockville	Maryland
1		FUNERAL DIRECTOR		ADDRESS		SEP 2 6 1966	ISTRAR'S SIGNATURE
	-	Robert A. Pi	imphrev	Bethesda, Mar	Viana I DATE	THE WO MIND	Villando C. C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please, remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and ar any event, within 72 haurs after death VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.



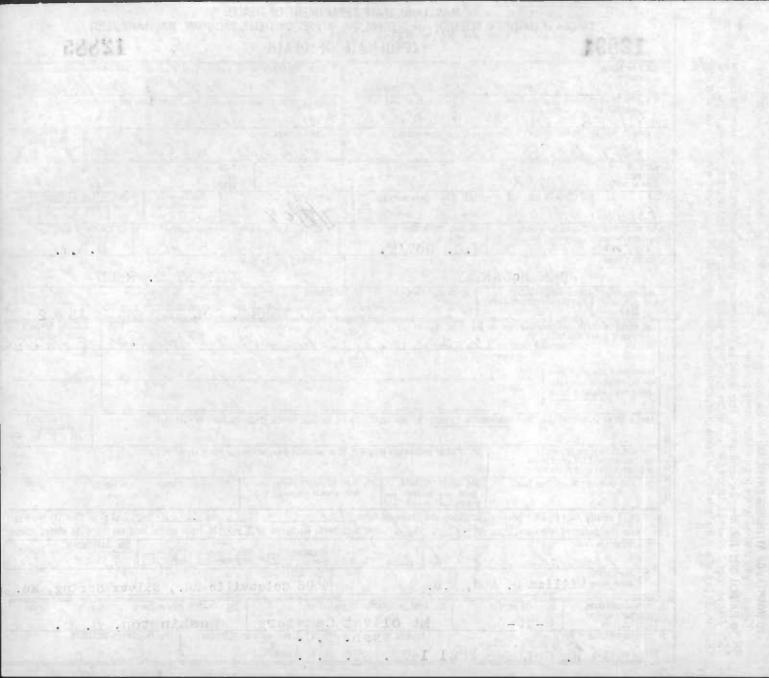
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		12891	Item	CERTIFICA	TE OF DEATH		12885	
17	1.	PLACE OF DEATH			2. USUAL RESIDENCE	Where deceosed lived, if institu	ition: Residence before admission	n)
		o. COUNTY MONTA	in ER	MARYLAND	O. STATE MAR	VIADA b. COL	INTY MODITPOME	ev
		o, CITY OR TOWN (If outside core	orate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	etside corporote limits, write Rl	JRAL and give nearest town)	7
68		write RURAL and give nearest	town)	111/	Cil.	SPR116-	in a sine give nooves, yearny	
		A NAME OF HOSPITAL OR INSTITU	B1100-	1 COUNTY -	d. STREET ADDRESS	0/1/150	e. IS RESIDE	ENCE
		1 9 1 / 11 D	THOM (IT HOT III II	ospirol, give sheer oudless)	d. SIKEET ADDRESS		ON A FAI	RM?
00		HELY Cho	00 /7	03/11/12	34/20	EMINHKY		NO NO
	3.	NAME OF A	A A A I	Middle	Last	4. DATE Mor	- 01	
		Type or print)	THAY	17]	601661195	DEATH /	36 196	
	S. :	0, 602011 0.		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours	Min.
		FEMALE WHI		DOWED DIVORCED	7/7/04	57 yrs.		
		USUAL OCCUPATION (Give kind of ng most of working life, even if ret		10b. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	GOII	C.15 F. K - 1 1/PIS	7	U.S. GOV'T.	WASTIN	2Ton De	U.S.A.	
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
		JOHI	N McCAF	RTHY		BRIDGET T.	REED	
	15.	WAS DECEASED EVER IN U.S. ARME	D FORCES?		. INFORMANT	Addi	ess	-
	(16	s, no, or unknown) (If yes give wo	or or dates of servi	(e)	MISS TERM	ESA COLLINS	CAME AC # O	
		18. CAUSE OF DEATH (Enter or				DA COMITINA	INTERVAL BETW	VEEN
		PART I. DEATH WAS CAUSE		"erlinoma /	Colon per	eth melasta	ONSET AND DE	ATH
		143 IMMEDI	DUE TO	/	C-0 G 6 77 pm			
		Conditions, if ony, which gove		U				
		rise to immediate couse (a),	DUE TO					
		stoting the underlying couse last.	(c)					
		PART II OTHER SIGNIFICANT CO.		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	19. WAS AUTOP	PSY
	NOL						PERFORMED	D?
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING		205. DESCRIBE HOW INJURY OCCURRED) (Enter noture of injury in	Port Lor Port II of item 18 \	110 [] "	
	ERTI	OR CONTRIBUTING CAUSE OF D	EATH	200. DESCRIBE HOW INSORT OCCURRE	b. (Enter notore of injury in	TOTAL TOTAL TOTAL		
		(IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D		20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, forn	n, 20f. (City or town)	(County) (St	tote)
	MEDICAL	Hour o.m.		While Not While for	octory, street, office bldg., etc.		(coonly) (5)	1016)
	~	p.m.	19	of work of work	7	01/ 27/ 20	1 10 11 1 10 1	
				attended the deceased fram	on death Browned of	9/2 6, to 60 J	and on the date stated	re) last
		saw the deceased ali	ve an 25	19/16, and it	iai dearn occurred ar	fine causes	22b. DATE SIGNED	above.
		ZZO. SIGNATURE	1	0/1.1	ATTENDING	MED. STAFF	7 9 /2 / /	1
		22c PHYSICIAN'S	rem	c) craig	M.D. PHYS.	DIRECTOR L PHYS. L	1/26/6	-
		NAME (Type) Willi	am D. At	ud, M.D.		sville Rd., S:	ilver Spring, M	Md.
	02-		DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or To		
	230	DCMOVAL (Specifu)						iie)
	24	FUNERAL DIRECTOR	-29-66		t Cemetery D.C. 250. REC		ton. D. C.	
		19910	Collen	2				
		FRANCIS J./ C	OLLINS	3821 14TH. ST	. N.W. DATESE	P 3 0 1958 0	Cliento O.	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10000 CERTIFICATE OF DEATH

INC. PRICE ST. ST.	**				9996				
1. PLACE OF DEATH g. COUNTY			2. USUAL RESIDENCE (V		ian: Residence before admission)				
d. COUNTY	ontgomery	MARYLAND		b. coun	2				
	(If autside carporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	utside carparate limits, write RUR	RAL and give nearest tawn)				
Si	ilver Spring	41 days	Washi	ngton, D.C.	4743				
d. NAME OF HOSPI	PITAL OR INSTITUTION (If not in haspital,	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Но	oly Cross Hospita	1	4925 1	E. Capitol St.	YES NO X				
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month					
(Type ar print)	Joseph	Α.	Connor	T T	nber 18, 1966				
S. SEX	6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.				
Male	White WIDOWED		8/18/10	56 yrs.					
Da. USUAL OCCUPATIO		KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?				
Pries		MOOJIKI	Virg:		USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	····					
Peter J	. Connor		Bridget	t	A Company of the State of the S				
	VER IN U.S. ARMED FORCES? 16 (If yes give war ar dates af service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	iss				
(163, 114, 41 0118	(II yes give war ar aansa ar sorries)		Hospital r	ecords					
	DEATH (Enter anly ane cause per line for	ar (a), (b), and (c).)			INTERVAL BETWEEN				
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)G	eneralized Car	cinomatosis		ONSET AND DEATH				
180%	DUE TO								
Canditions, if ony	ate course (a)	arcinoma, Righ	t Kidney		1 yr.				
stating the unde		ATTITUTE OF THE PARTY OF THE PA							
last.) (c)								
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) 205. C	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in F	Port 1 or Part II of item 1B.)					
Haur a.	1.m. White of the street of th	ife Nat While fa	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)		(County) (State)				
saw the d	21. I certify that (I) (this haspital) attended the deceased fram								
QU1	22a. SIGNATURE 22a. SIGNATURE MED. STAFF 9/19/66								
22c. PHYSICIAN'S NAME (Type		lehan, M.D.	22d. ADORESS 8218 Wisc	onsin Ave., Be	thesda, Md.				
23a. BURIAL, CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Tow	wn) (Caunty) (State)				
REMOVAL Specify	9/21/662	Mt. Olivet	ceme.	Washington	n, D.C.				
24 FUNERAL DIRECTO		vant ADDRESS 7	2 ZSa. REC'D	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE				
11/1/1/1/1/	LITH DINGH	OUN hunds	MIR DATE SI	EP 2 3 1966 /	orland n				

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospitol or ottending physicion.

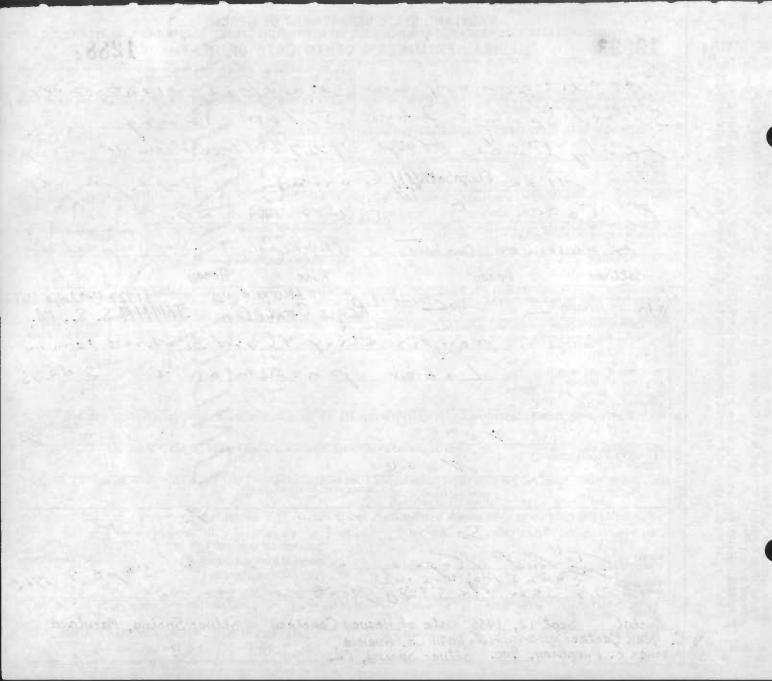
N-B-OT

FOR STATE

1/65

MARYLAND STATE DEPARTMENT OF BEAUTY Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12887 MARYLAND STATE DEPARTMENT OF HEALTH

EALIN	DEPT	./	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a	dmission)
				Mantagemeny MARYLAND as STATE b. COUNTY	.~
bear	ath.			b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neare	st town)
unday	e d			write RUBAL and give nearest town)	,
- E	pal			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AGORESS	/
9	aff.	cal		ON A	FARM?
200 E	State hours	0.0		they (+ ors (test 1/2) Lellege View 120 YES [NO D
ge.			3.		ar
2, a	the 172			(Type or print) M 2 e { lizabeth/// C 02 W2 DEATH Sept. 9 19	
= T E	基基)	5.	TO MINIMITED INT INTERNATION INTO INTERNATION INTO INTO INTO INTO INTO INTO INTO	R 24 HRS.
for	2/2			Olivorceo Olivor	Min.
it Pe	and		1Da dur	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
g v				to a secrete Own home FAYEtte City Penns US	A
0	an		13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
Se a	d in			Matthew Posey Rose Posey	
E E	File			5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HUBBAND Address 1727 College Yes, no for unknown) (16 yes give war or dates of service)	0 /10
s (Mal,		(16	Yes, no for unknown) (Ityes give war or dates of service) 48577-05-4768 Process Constant TABALIE C	MI
le le	emova			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	THE EN
min me		5-6		PART I. DEATH WAS CAUSED BY: ONSET AND	
E . E	ransit on, or			IMMEDIATE CAUSE (a)	1000
a E S	trai ion,	1	П	1490 X DUE TO .	
dicip	10 to	-		Conditions, if any, which (b) Labar Pretamonia 2 da	2×5
Z Z	bur			gave rise to immediate (cause (a), stating the DUE TO	, ,
ie de la	w			underlying cause last. (c)	
S & S	as		S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS ALL	
the the	used to bu	0	ICATI	V o n P	NO Z
1 to 1	be u		LL.	20a EYTERNAL CALLSE WAS 1 20b DESCRIBE HOW INLIDY OCCURRED (Enter nature of Inlury in Part 1 or Part 1 of Item 18)	110
ritin	ld b		CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
War	mt,				State)
for	3 s		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
be ific	ede		Z		
de de	Pa			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my	ppinion
les les	Sig.			death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	
4 s	29			CHIEF MEDICAL EXAMINER	
you you	語記			SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE S	SIGNED
Pace	2 5			DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	100
d. 6	ERA Ith	2		NAME (Type) S CE 2	166
ase scto	UNE		23a		tate)
ple dire	0			REMOVÁL (Specify)	
	F	0	121	Burial Sept 12, 1966 Gate of Heaven Cemetery Silver Spring Maryland 4. FUNERAL DIRECTOR: (1) ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
V/D A16	ME (5)	N	10	gien Carrier Color 8434 Ga. Huenne CED 14 19CC Williams Out	Leer
5M	1/65	119	We	Varner E. Pumphrey, Inc. Silver Spring, Md. DATE JET 14 1900 June	7



1 FOR STATE

delay is

after death If

MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs

TO DEPUTY

File-pages 1 and 2 with the State Department of and in any event within 72 hayrs after death. and in any event **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. Health ar its designated agent, priar to burial, crematian, ar remaval,

PM3. Page and 3 ta necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be forwarded to the Chief Medical Exertime's Office along with form be retained far yaur files. 5 may

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12894	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	19000				
	a. COUNTY AON DO AM	2 VV MARYLAND	O. STATE B. CC	tution: Residente before odmission)				
	b. CITY OR TOWN (If outside corported limits, write PURAL ond give neorest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write)	67-3				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in the	ospitol, give street address)	d. STREET ADDRESS 54 Edge mer	e Ave e is residence on a farm? YES NO				
	R. NAME OF DECEASED (Type or print) Dowglas		ormack J. DEATH Sep	onth Day Year 10 19 66				
	M Caac W	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) VOV 13 19449 yrs.					
0	IDo, USUAL OCCUPATION (Give kind of work done Juring most of working life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	COUNTRY 2				
	DOUBLARS NAME S WAS DECEASED EVED IN HIS ADMED ENDIES?	SMACK HOSS HOSS OF THE	UNKNOWN	dress				
	(Yes, no, or unknown) (If yes give wor or dates of serv	UNKNOWN P	OUGLAS M. CORMACI	and the same of the same of				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Exsanguination		immediate				
	Conditions, if ony, which gove rise ta immediate couse (o), stoting the underlying couse	Transection Aor						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	Automobile Acci	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY				
4	A STATE OF THE STA			PERFORMED? YES NO				
	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	413 cz/ c		nother car				
	2Dx. TIME OF INJURY Month, Day, Year Hour and Sylven Sylve	While of work at work foct	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	(County) (State)				
		21. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner						
	ACTUAL SIGNATURE Land	(spen 2 D	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED				
	NAME (Type)		Address (Street, city, town, or county)	Sept. 10,174				
	230. RUPLAL (REMATION, REMOVAL Dipecify) 23b. DATE THEREOF	23c. NAME OF EMETERY OR	TRD CRAND	SURY, N.A.				
		hapin St. NW Washing	A.C. 250. RECD BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE				

VR A15ME (5) 6M 1/66

1 (M)

poletely filled in by the funeral corbon papers. Pages 1 and 2 event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion end director, page 3 shauld be detoched for use os the burial-transit permit. Then please remos should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any e

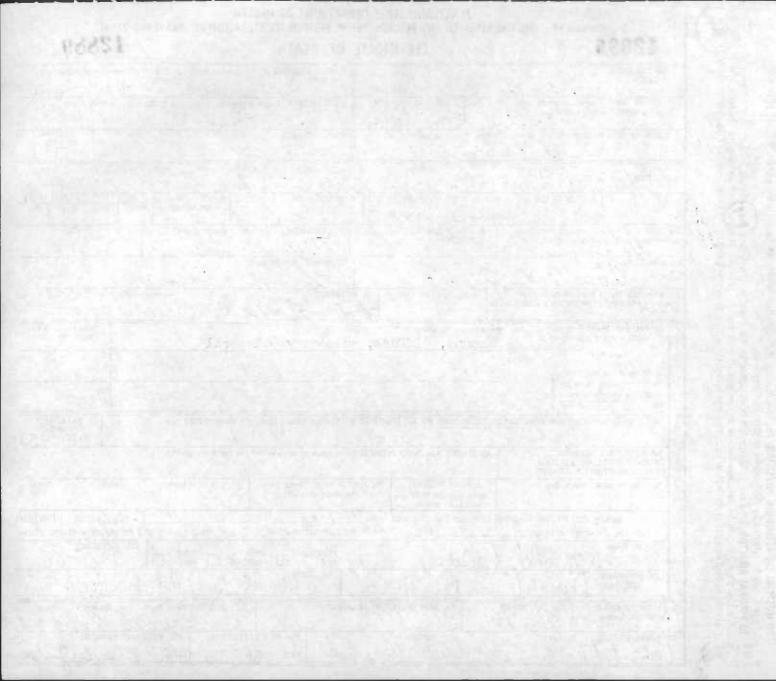
VR A15 (4) 20 M 1/66 2895

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY MARYLAND MARYLAND	a. STATE Maryland b. COUNTY mon/armery
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
write RURAL and give nearest town)	Dieherson
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Chi Landad	ON A FARM?
3. NAME OF First Middle	YES NO
3. NAME OF DECEASED (Type or print) Carrie Mangaret	Crangton OF DEATH CLEST - 15 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
T C WIDOWED DIVORCED	1/19/06 ast birthday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT
during mast of working life, even if retired) INDUSTRY	Mariland, COUNTRY? U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Onley	March Haiper
	INFORMANT Address Leone as above
(Yes, no, or oriknown) (If yes give war ar dates of service)	N Domes C. Crampton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma, diffuse, p	oulmonary bilateral ONSET AND DEATH
DUE TO	
Canditians, if any, which gave) (b)	
rise to immediate cause (a), stating the underlying cause	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
20a. ACCIDENT WAS UNDERLYING 20a. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTICE MEDICAL EXAMINED)	PERFORMED?
20g. ACCIDENT WAS UNDERLYING \(\text{20b. Describe how injury occurred.} \)	(Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State)
Hour a.m. While Nat While of factor	ary, street, office bldg., etc.)
p.m. 19 atwark atwark 21.	9-1-66, 19, ta 9-15, 1966, that (1) (we) last
saw the deceased alive an 17 1966, and that	t death occurred at 1145 M, from causes and on the date stated abave.
220. SIGNATURE	22b. DATE SIGNED
X Brold, X Ducy M.D	D. ATTENDING DIRECTOR DIRECTOR PHYS. 1 9-15-66
22c. PHYSICIAN'S/ NAME (Type) DONALO L BUCY	809 Veins Mill Rd Rockville Md
230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF C	CREMATORY 23d_19(ATION (£ity or Town) (County) (State)
BREMOVAL(Specify) 9/18/66 Elizah	nevery Poolesville Monty Mid.
24. FUNERAL DIRECTOR ADDRESS	2Sp. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Cohert Li showday Lack, 1/e 14	d. DATE SEP 19 1966 Charley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate LENGTH OF STAY IN 16 write RURAL and give negree fown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) YES NO 3. NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH DECEASED (Type or print) AGE (In year IF UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Min. WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY 2 during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1/2 /2 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying cause lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m While Not While factory, street, office bldg., etc.) of work L ot work 1966, that (f) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ and 16 19 66, and that death accurred at # M. fram kauses and an the date stated above. saw the deceased alive on_ 22b. DAFE SIGNED 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Fort Lincoln Cemetery 20-7966 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Joseph Gawler

DATE

Marley

Wisc. Ave. N. W. Wash. D. C

ve carbon papers. Pages 1 event, within 72 hours after within 24 hours after .⊆ filled and completely fire remove carbon g executed please remov attending physician and sermit. Then please rem pe certificate signed by the attending physi burial-tronsit permit. Then pl burial, crematian, or removal, requires that the death attending physicion. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to I OR ATTENDING PHYSICIAN: The be retained by the hospital or 4 may VR A15 (4) 20 M 1/66

deoth

funeral 1 and ter death

Pages the

nezsi

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Mont gomery	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Prince Georges
Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Bethesda 2 days	Clinton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Maryland	9505 Michael Drive YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Edwin Stanton	Crisp, Jr. DEATH September 19 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 6.	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.
TALLO HILLOO	9 September 1934 32 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Special Agent U.S. Government	Washington, D.C. USA
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME
Edwin S. Crisp. Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	Anna Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT The Medical Records
	e Clinical Center, Bethesda, Maryland
1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
BART I DEATH WAS CAREED DV.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Respiratory arres	35
DUE TO COMPANY OF THE	
Conditions, If any, which gave rise to immediate (b) Compression of the	he spinal cord at C2-3 4 days
cause (a), stating the DUE TO	
underlying cause last. (c) Hodgkin's disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor	ry, street, office bldg., etc.)
21. I certify that XD (this hospital) attended the deceased from Se	ept. 17 , 19 66, to Sept. 19 , 19 66, that (A (we) last
saw the deceased alive on Sept. 19 1966, and that	death occurred at 10:45, from the causes and on the date stated above.
22a. SIGNATURE	P.M. 22b. DATE SIGNED
M.D. M. M.D.	phys. Director Phys. X Sept. 20, 1966
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESSThe Clinical Center, National
Herbert E. Kann, Jr., M.D.	Institutes of Health, Bethesda, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 9/23/66 Cedar Hill Cer	metery XXXX Prince Coorses Md
24. FUNERAL DIRECTOR Wilhelm Funeral Home	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4308 Suitland Rd. Suitland, N	Md. DATE SFP 23 1866 Acharles Judge
4300 Suitland Rd. Suitland,	Md. I DATE ST. 1 1000 F

A15 (4) M 1/65

ROUNTED TO SEE S

The Citizent Company, Seminate, explaint 9513 Michael Calver

comment of the state of the state of

.D.C. Dorerwiese, | Charleston, D.C.

Title and the control of the control

FOR PORDITO FOR THE BENT

MONAGED AND CLASSES COMES, Cothers , Declared , Description

F ANTH YTOJATA SHAR

A SOUND TE SUCCESSION VI JOSE The state of the s

Dengital , meta 5 faminiform's Buckers, F. Bank, Jr., a. J. and Lings of Realth, Bankers, Markers

. District of the control of the con

coel , da . deel Min

121

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12198

CERTIFICATE OF DEATH

12892

	ACE OF DEATH			ere deceased lived, if institution:	Residence before admission)
	county ontgomery	MARYLAND	Washingto	n. D.C. b. COUNTY	
h (CITY DR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 1b		de carparote limits, write RURAL	and give nearest tawn)
S	write RUEAL and Tive pearest town)		Dist. of	Col.	117-2
	NAME OF HOSPITAL DR INSTITUTION (If nat in hospital, g	ive street address)	d. STREET ADDRESS	OT.	e. IS RESIDENCE
		146 311661 00016337		Road, N.W.	ON_A_FARM?
-	airland Nursing Home				YES NO X
	ME OF First CEASED D = 24 to -	Middle		4. DATE Month	Day Year
(Typ	pe or print) Del'una	S.	Davis	DEATH JUST	23 1966
S. SEX	6. COLDR DR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS. onths Days Haurs Min.
Fer	male White WIDOWED	DIVORCED	2-11-1879	87 yrs.	
		ND OF BUSINESS OR	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT
during	mast af warking life, even if retired) INC	DUSTRY	Kentucky		COUNTRY?
13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NA		
ㅠ,	dward Heulings Savage		Mary Nor	7	
			NFORMANT	Address	a T.
	ng. ar unknown) ((If ves give war or dates af service))	TO CO OFTO M	Car Denath	T O	See Item
		78-62-0532 M	uss poroun	y L. Orrison	INC. Z.
"	B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	/ A .	m of /	ff Fort	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Canquelle o'Thethroot 36 accept				
	DUE TO	artenos	100,171		Museum W.
	anditians, if any, which gave (b)	acretico s	CERTER		10 years files.
	tating the underlying cause				
la	sst. (c)				
= P/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
₹ 20		CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Pa	rt I ar Part II of item 1B.)	
8 3	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20		JURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City ar tawn)	(County) (State)
MEDICAL 30	Haur a.m. While		ary, street, office bldg., etc.)		
	p.m. grwark		10	56, to SEAST 25	19/26 that (1) (we) last
	21. I certify that (I) (this haspital) attends	10/-/ and that	t death accurred at	253M from courses and	d an the date stated above
	22e. SIGNATURE	17 GEGE, UNU TITU	deam deconed at 2	ALEMAN, HOIL COUSCS WITE	22b. DATE/SIGNED
	7/ 12 1/1 / 10 / 10 / 10	M.I	ATTENDING N	IED. STAFF	0/2/1/1
_	Mell / Celes Fully	M.I	D. PHYS. D	IRECTOR L PHYS. L	7/03/66
	NAME (Type) Nei /	I Me poell	1629	Colombia	Rd -
		Las white of controls on	COSTULTORY CONTRACTOR		(5.1)
	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CKEMATORY	23d. LOCATION (City or Town)	, , , , , , , , , , , , , , , , , , , ,
B	urial 19-28-1966	Arlington	Nat'] Cem	Arlington	TO ACCUATION
24. F	FUNERAL DIRECTOR	ADDRESS	25a. REC'D E	REGISTRAR 25b. REGIST	IKAK 3 SIGNATUKE
513	Seph awler's Sons	ash DC	DATE .Q.	17 27 1966 0	The state of

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removel and the one event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth

Page 4 may be retained by the hospital or attending physician.

SEZSI

MARYLAND STATE DEPARTMENT OF HEALTH

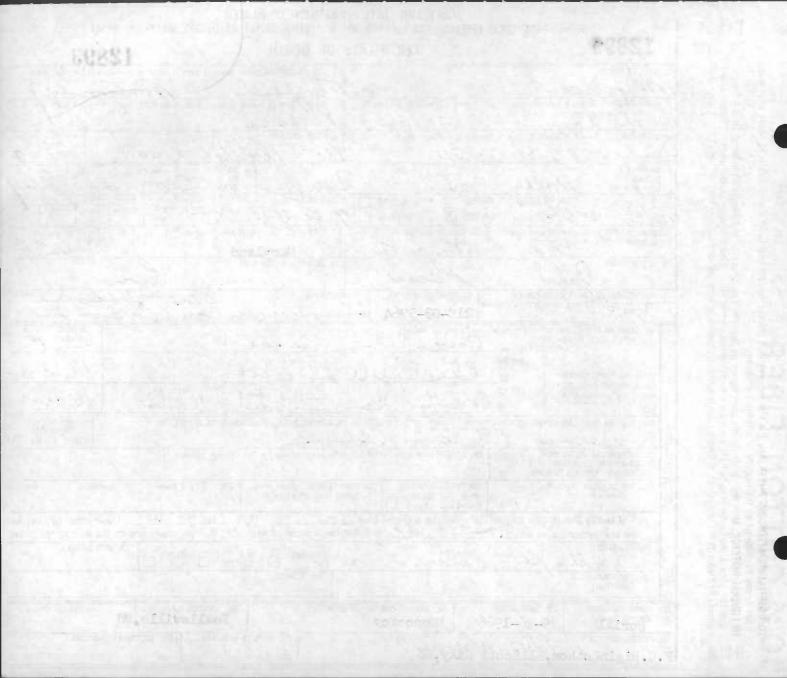
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12893	CERTIFICATE	OF DEATH	Mary .	12893	
10	PLACE OF DEATH O SOUNTY SOMERY	MARYLAND	Para Cand	b. COUN	oxlamery	
6	write RURAL and give neorest town)	DAga .	Kocherelle	le corporote limits, write RUR	AL and give nearest town)	
0	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	eet addressy	3850 IRAL	ilah Rome	e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED. (Type or print) HARRY J.	Middle Z	Avis	OF DEATH Sept	22 1966	
5. M	ale white WIDOWED X	DIVORCED 7	DATE OF BIRTH	9. AGE (In yeors lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HA Months Doys Hours Min	
10o duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) . USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) . USUAL OCCUPATION (Give kind of work done in the life in th		11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME John Sa	ieus)	4. MOTHER'S MAIDEN NAM	nie B	roun	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give wor or dates of service) 218–0	3-3764 5a	aghter)- an	5927 Addre	altimore md.	
	CAUSE OF DEATH (Enter only one couse per line for (α), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (α)	and (c)	Failer		INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate couse (o),	choests.	blow	a	10 days	
	stoting the underlying cause lost. DUE TO (c) Parely	tu Ilens	c Stock	1 Jubili	10 ds	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	etr Chla	mui		19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE IN CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (EAR	er noture of injury in Port	I or Port II of item 18.)		
MEDICAL			OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County) (State)	
	21. I certify that (I) (this haspital) attended the deceased fram 7 / , 1966, to 9 2/ , 1966, that (I) (we) losaw the deceased alive on 12 1966, and that death accurred at 374 M, fram causes and an the date stated above					
	220. SIGNATURE Wellow Kellow	M.D.		D. STAFF ECTOR PHYS.	22b. DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	T	22d. ADDRESS			
	REMOVAL (Specify) 9-26-1966 M	NAME OF CEMETERY OR CRE		23d. LOCATION (City or Tow Beallsville		
	. FUNERAL DIRECTOR The country, C. Higinbothom, Ellicott City,	ADDRESS	2So. REC'D BY	EP 2 6 1366	SISTRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and increase event, within 72 haurs ofter death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospital or ottending physician.



No. funeral whin 24 hours death. Page 4.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and complete. Led in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. executed The law requires that the death certificate be PHYSICIAN: ATTENDING

TO HOSPITAL

A15 15M 7-62 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 12894

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	Wheaton (Rural) 11 years	Wheaton (Rural)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
	2204 Parker Avenue	2204 Parker Huenne YES NO N
3	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Mary Theresa	Desarro Death September 4 1966
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
-	Famale White WIDOWED DIVORCED S	eptember 3, 1917 49 yrs.
	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Brucios Subta Housewife Own Home	Istaly U.S. A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Dominic Gallo	Palma Boise
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT 2204 Parker Ave.
1	(les, no, or unkown) (lifyesgive werordetes of service)	mes U. DeSarno Wheaton Md
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ONSET AND DEATH
	DUE TO	
	Correct in the second in the s	
	geve rise to immediate cause	
	(a), steting the underlying DUE TO	
12		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
I C		PERFORMED?
A D IS	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Pert I or Part II of item 18.)
CERTIFICATION		. (2.1.6)
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
AED.	Hour e.m. While Not While p.m. 19 et work et work	ory, street, office bldg., etc.)
	21. certify that (I) (this hospital) attended the deceased from	1965, to 2014 4 , 1960, that (1) (we) last
	saw the deceased alive on 19 and that	
	22e. SIGNATURE	22b. DATE
	1200	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Blain H. Eig	8641 Gleralle Rd Schending rd.
2	36. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Sept. 8, 1966 Gate of Heave	n 80000X cem Silver Spring, Md.
2	4 FUNERAL DIRECTOR'S SIGNATURE CLARK E. WISCOPRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
M.	Warner Super	ing Md DATE SEP 9 1866 Ochania Dulia
1-	warren to property, the source open	The state of the s

Sura Ciel . Leaded Sance

MARYLAND STATE DEPARTMENT OF HEALTH

MONTGOMERY

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY MONTGOMERY MARYLAND P.M.3. Page ō death. delay Deportment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) BETHESDA BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS form haurs 18. Give Pages 1 alang with forn 6417 CAMROSE TERRACE ote be executed within 24 hours ofter death. 3. NAME OF Middle 4 DATE DECEASED OF DEATH the (Type or print) AGNES DEVEREAUX within S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO WIDOWED DIVORCEO 2-13-1898 FEMALE CAU Office event N and 10n USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
HOUSEWIFE INOUSTRY NEWPORT R. I.

14. MOTHER'S MAIOEN NAME HOME d "pending" in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME Mary Ellen Murphy ANDREW J. KANE Fie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no or unknown) (If yes give war or dotes of service) Unknown ROSEMARY CORBIN removal 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) COTONary Insufficency burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). This certificate should ward cremation, OUE TO Conditions, if ony, which gave rise to immediate couse (o), e, writing the stating the underlying couse 0 lost. burial, certificate, pe prior to should be 20o. EXTERNAL CAUSE WAS 3 should PRIMARY | or CONTRIBUTING | CAUSE OF CEATH. 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. FUNERAL DIRECTOR: Page

e. IS RESIDENCE ON A FARM? 6417 CAMROSE TERRACE YES NOSE SEPT 19 66 AGE (In veors IF LINOER 1 YEAR lost birthdoy) Hours 68 yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address 5530 Johnson Bethesda, Md. INTERVAL BETWEEN Cardio Vascular Diseose PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 1B.) (City or town) (County) (Stote) Hour am foctory, street, office bldg., etc.) at work of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry X Inspection X ond in my opinion Noturol couses X deoth resulted from: Accident . Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) Burlal (Specify) Silver Spring, Maryland 9-27-66 Gate of Heaven Cem. 24. FUNERAL OIRECTOR AOORESS 25b. REGISTRAR'S SIGNATURE Charles Judge PUMPHREY. Bethesda. Maryland

9 VR A15ME (5) 6M 1/66

funeral directar.

the

may be retained

its designated

Health or

1.3802				10001		
			1.5			
		nd 8-d				
	yalqıranı nelli			Mar a green a		
ent a state of			n manari 1			
Atamanda, No.			day .			
terrene , austrae	e envilent.			-72-2		
			L. Bennest V	principal A Turbaile is		

FOR STAT PM3. Page and 3 to The Stote Department of delay is within 72 haurs after death.

th form

in any event poges land 2

E and

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, prior to burial, crematian, or removal.

This certificate should be executed within 24 hours ofter death

necessary, pleose execute the certificote, writing the word "pending" in pencil in Item 18. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office al

MEDICAL EXAMINER:

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

-	1230:	2,	MEDICAL EXAM	MINER'S	CERTIFICATE O	F DEATH	1205	113
	PLACE OF DEATH o. COUNTY	Montgomery	7	MARYLAND	o. STATE	Where deceosed lived, if	b. COUNTY MC	styonery 1
		If outside corporate limits, d give neorest town)	c. LENGTH OF S		c. CITY OF TOWN UF OU	tside corporote limits, w	vrite RURAL ond giv	e nearest town)
_		AL OR INSTITUTION (If not in			d. STREET ADDRESS	2	0.1	I e IS RESIDENCE
		Harwick Roa		*/	174× K	adeliffe ,	KI.	ON A FARM?
	NAME OF DECEASED (Type or print)	First ELLA	Middl M.		WITT	4. DATE / S	Month ept. 18	Poy Year 1966
	SEX emale		MARRIED NEVER MA		8. DATE OF BIRTH Wovember 21	9. AGE (In)	nday) Months	1 YEAR IF UNDER 24 HR. Days Hours Min.
100 day	USUAL OCCUPATION	(Give kind of work done	Civiling of BUSINESS Civiling Govt.		11. BIRTHPLACE (State Ohio	or foreign country)		TIZEN OF WHAT
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I			
		H. Gunter			Harriet F	inkerton		
(Ye	WAS DECEASED EVE es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give war or dates of se	16. SOCIAL SECURITY 292-14-82	200	George M. I	Woodacres Lohnes-Son		
		EATH (Enter only one cause ; TH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Corons	rej II	nsufficen	cy Acol	aw)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, rise to immediat		Cardi	0.10	scular. A	7.51256		4015
	stoting the under							
ATION	PART 11. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. EXTERNAL CA PRIMARY or COI CAUSE OF DEATH.		20b DESCRIBE HOW INJU	RY OCCURRED.	(Enter nature of injury in I	Port I or Port II of item	18.)	
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	While Not While of work at work		CE OF INJURY (Home, form cory, street, office bldg., etc.)		own) (Cou	unty) (Stote)
П		y that I taak charge a				Inspection 💢	Inquiry X,	and in my apinia
	death result	red fram: Natural c	auses 🔼 Accident	, Suic	ide, Hamicide		ned manner [
	ACTUAL SIGNATURE	gelm.	8-13all.		M.D. ASSISTANT MEDI	CAL EXAMINER	Sont	22. DATE SIGNED . 18.1966
	EXAMINER'S NAME (Type)	JOHN G. 1	BALL		DEPUTY MEDICA Address (Street	L EXAMINER X	Bethesd	a, Md.
230	RIIDIAL CREMATIC	N 23h DATE THEREC	E 23, NAME OF	CEMETERY OF		1 224 LOCATION (City	u or Town)	(County) (State)

VR A15ME (5) 6M 1/66

Bur-transit

24. FUNERAL DIRECTOR

9/19/66

Robert A. Pumphrey

ADDRESS Bethesda, Maryland

Germantown Cemetery 250. REC'D BY REGISTRAR Ohio

2Sb. REGISTRAR'S SIGNATURE

Connic That a little of the control olne un an avec Hwig

AMO AD

Carias H. Sunter Harriet Minkerton Carias H. State Co. Ministracia, Atlanta M. Ministracia, Atlanta M. Ministracia, M. Ministracia, Atlanta M. Ministracia, M.

1892-14-0320 Choren M. | canto-wod-511 Arrwick Fed.

Bur-marit 9/18/85 Cermanowa Camelery Germanowa

medert in Pumphrey Betheads, Marriand as all the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

19897

		00.1		CERTIFIC	7112 01 021	,,,,,		160	000	
		PLACE OF DEATH			2. USUAL RES	SIDENCE (Where der	ceosed lived, if institut	tion: Residence	e before odmi	ssion)
			ontgomery	MARYLAN	ND O. STATE	Maryland	1 6. 000	Prin	ice Geo	orge
		b. CITY OR TOWN (If outs	side corporate limits,	c. LENGTH OF STAY IN 18	c. CITY OR TO)WN (If outside corp	porote limits, write RUI	RAL ond give	neorest lown)
	E	Bether dad give	neorest town;		Che	everly			16 -	
1				hospitol, give street oddress)	d. STREET AD		- Townson		e. IS RE	ESIDENCE A FARM?
	$B\epsilon$	thesda Sil	ver Spring	Nursing Home	3006	Laurel A	venue		YES	NO [
	1	NAME OF DECEASED (Type or print)	Stabley	Middle	Diaha	4. DAT OF DEA	Sent	th	10	Year 9 66
1	5. 5	SEX 6. C		MARRIED NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In years	IF UNDER 1	YEAR IF UND	DER 24 HR
I	N	Male W	White W	WIDOWED DIVORCED	5 Dec. 3	1, 1902	63 birthdoy)	Months	Doys Hour	's Mir
-	10o	USUAL OCCUPATION (Give	kind of work done	Desp of State Stice	e II. BIRTHPLA	ACE (County & State, o	r foreign country)		ZEN OF WHAT	
	RUE	H most A working ine D	Tst."Comn	mU.S. Govern	ient Nev	w York			S. A.	
	13.	FATHER'S NAME			14. MOTHER'S	S MAIDEN NAME				
		John Diana			Mary	Aimee				
1	15.	WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Addre			811
	(10:	THO CKNOWN IN AG	give wor or dores or serv	none	Mrs. Ger	nevieve (C. Diana	Same	as #2	
				per line for (o), (b), and (c).)	,	_			INTERVAL E	BETWEEN
		PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (o) _	Broncho	genk c	arcin.	oma		ONSET AND	DEATH
		1621	DUE TO	BURE STEEL						
		Conditions, if ony, which	150 (0)							
		stoting the underlying	couse DUE 10							
		lost.) (c) _							
4	8	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DI	ISEASE CONDITION G	IVEN IN PART 1(0)		19. WAS AL PERFOR	JTOPSY RMED?
1	R								YES	NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAI (IF EITHER, NOTIFY MEDIC	LUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or I	Part II of item 18.)			
	MEDICAL	20c. TIME OF INJURY M Hour o.m. p.m.	Month, Doy, Yeor	20d INJURY OCCURRED 20e While Not While of work at work	e. PLACE OF INJURY (H foctory, street, office		f. (City or town)	(Coun	nty)	(Stote
		21. I certify th	iat (I) (this hospita	all attended the deceased fra	im Fret	, 1966	, ta 9/18	, 1968	S, that (I)	(we)
			sed alive an	9/16 1966, and	that death accu	irred at 6 30	2M, fram causes	and an the	e date stat	ed ab
		22a. SIGNATURE	70	1 13 -1	ATTENDING	MED.	STAFF	22b. DAT	TE SIGNED	
		1.05	eundat	300	M.D. PHYS.	DIRECTOR		91	1816	5
		22c. PHYSICIAN'S NAME (Type)			22d. ADD	RESS				
		BURIAL, (REMATION,	23b. DATE THEREOF				LOCATION (City or Tov	wn) (6		(Stote)
		BREMOVAL (Pecify)	9/23/66				ooklyn,			N. 3
		. FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY REGIS		GISTRAR'S SIG		
	J	Francis Ga	sch's Sons	Hvattsville, Mo	d.	DATE SEP 2	n 19th	mline	Pa 0	1 - 0

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

		NO. VILLET		Visionica
		WILLEY E LA		able field
	plinev	SEVER SEVE	0.007	and an explication for
		P. J. , L. 22		pulsi C oil
			12.700 0 .05	
		section year		mate pace.
St. Oct with the		AVELVEDOLD		
	THE STATE OF			
Male VA And				
	,		The Cony well	C. C. S. C. C. C. S. C.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12904 CERTIFICATE OF DEATH 0 ond 2 low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY Montgomery o. STATE Maryland b. COUNTYMontgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 be encountried in by the agreement of the carbon papers. Pages write RURAL and give nearest town)
Bethesda 22 Bethesda e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? 4516 Gladwyne Street 4516 Gladwyne Street NO X 3. NAME OF Lost 4 DATE Dov Year OF DEATH DECEASED CHRISTABEL DODGE Sept. 19 66 F. (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) please removi Dec. 23,1895 White DIVORCED SC Female WIDOWED 28 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY U.S. Illinois 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol. en Benjamin Franklin Mary Dawtel 17. INFORMANT Son 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 495-30-8351 Same as Item 2. 5 Herbert W. Dodge No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).), signed by the burial-tronsit p burial, crematic ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause as the prior to t TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of infury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ATTENDING ot work 21. I certify that (1) (this hospital) attended the deceased from 1 2 19.55 to should be retoined 26 19 66, and that death accurred at 11 AM, fram causes and an the date stated above. saw the deceased alive an 22h DATE SIGNED 22o. SIGNATURE STAFF PHYS. 9-21-66 DIRECTOR 22d. ADDRESS Washington Clinic 22c. PHYSICIAN'S NAME (Type) Washington. director, shauld b 230. BURIAL, CREMATION,
BURIAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 9/23/1966 Cedar Hill Cemetery Suitland P. G. Co. Maryland 2Sb. REGISTRAR'S SIGNATURE

ADDRESS

Bethesda, Maryland

2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Robert A. Pumphrey

20851			30001		
tion to the state of			rive samencie.		
Sapt. 21, 66	SHORE -				
	S Sec. 25,1895 7		an Laif in		
.e.v-			a symple.		
Some as teem 2.	Haywar about the rest to a souler		e?Islawd - albad		
on dinas		Lan	A ZERLINE		
nalesay	Camele v Spill	(b) TAOUS	hēr,25,0	104 g	
	refyra	Edme=de,	c. h. Functory	Hooor	

FOR STATE HEALTH DEPT.

delay is

pages 1 and 2 with the State Department of

E

72 hours after death.

THE

Health or its designated agent, prior to burial, cremation, or removol, and in any ever

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 ta the funeral director. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY METAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12905		MEDIC	CAL EXAMIN	VER'S	CERTIFICATE O	F DEATH	1280	10
1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceosed lived, if insti		
Montgome	ru		MARY	YLAND	o. STATE	rd b. (C	Montgo	menu.
b. CITY OR TOWN (If	outside corporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write l	RURAL ond give i	neorest town)
Silver 5	prina.		5 hrs.		Silver	Spring		15-1
d. NAME OF HOSPITAL	OR INSTITUTION (If no	ot in hospital, giv	e street address)		d. STREET ADDRESS			e. IS RESIDENCE
Holy (ro.	ss Hospit	al			10109 Gree	eley Avenue		ON A FARM? YES NO
3. NAME OF DECEASED	Fi	rst	Middle		Last		onth	Doy Year
(Type or pnnt)	EU	a	May		Dorwart	OF DEATH	9	9 1966
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0 0 8	DATE OF BIRTH	9. AGE (In years last buthday)	Months D	YEAR IF UNDER 24 HRS.
Female	(auc.	WIDOWED X			4/4/1984 95	71 66X Yrs.		
10o. USUAL OCCUPATION (during most of working life			OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign country)		EN OF WHAT
Housewite		Own	Home		Pennsylve		U.	S. A.
13. FATHER'S NAME	011				14. MOTHER'S MAIDEN N			
Michael H.	NU.S. ARMED FORCES?	14 50	CIAL SECURITY NO.	17 10	Lillie 7.			
(Yes, no, or unknown) (II			CIAL SECURITY NO.	Mr	Daughter L.	Rankin 10100	greele	ey Ave.
18. CAUSE OF DEA	TH (Enter only one cau			1. 1			23	INTERVAL BETWEEN
72 4 8 7	IMMEDIATE CAUSE		Myocard	sal c	usease			98 AND DEATH
Conditions, if any, w	bich gove	10 Chann	i a			: 1		6
rise to immediate		(b) Crown	Le conge	SILV	e heart fa	cure_		o yr.
stoting the underly last.	ing cause	(c) Gener	alized a	rter	iosclerosi	9		uears
PART II. OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
None								YES NO
None 200. EXTERNAL (AUS PRIMARY 0 or CONTI		4.1		CCURRED. (I	inter noture of injury in F	Port I or Port II of item 18.)		
	/ Month Day Year	20d INIU	IRY OCCURRED	20e PLACI	E OF INJURY (Home, form	20f. (City or town)	(Count	(Stote)
20c. TIME OF INJURY Hour a.m. p.m.	19	While of work	Not While at work		ry, street, office bldg., etc.)	(40,700,000,000,000,000,000,000,000,000,0		77
21. I certify	that I taak charge	af the rema	ins described ab	oave, hele	an Autapsy	Inspection X, Inc	quiry	and in my opinian
death resulted	fram: Natura	l causes X	Accident [, Suicio	de 🔲, Hamicide	, Undetermined		
ACTUAL SIGNATURE	John	1/1	ogen	Zus	CHIEF MEDICAL ASSISTANT MEDI	CAL EXAMINER X		22. DATE SIGNED
EXAMINER'S JOINAME (Type) 10	in S. Rog	ers, M.	B. S. Juan S	- (the state of the s	city, town, or county)	ptembe	r 9, 1966
23o. BURIAL, CREMATION.	23b. DATE THE	REDF	23c. NAME OF CEME	TERY OR C	La Fillia	23d. LOCATION (City or 1	lown) (Co	ounty) (State)
Burnal (Specify)	Sep. 14	4. 1966	East Har	rrisb	urg Cem.	Harrisburg.	10	
24. FUNERAL DIRECTOR Can	ter.	: Dlen Co	ADDRESS GE	eorgi	Ave 250. REC'D	BY REGISTRAR 25b.	REGISTRAR'S SIGN	
Warner E. P	umphrey,	Inc.	Silver	Spri	ng Md DATE SE	1 14 1040	1-	1

VR A15ME (5) 6M 1/66

5 may be retained for yaur files.

12899				505.77
		and the	eal 2	150 - VS
				Magazine and a glade
			1.1	
				case
				Art of a street
	4	the freeze		
4				
•		of Asia College	Charaka oong	
			Sammer Committee	
				3-Ne/4
trianster 1, 1708			, .	
		Louis new con-		•

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Mont comers MARYLAND	
b. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
d. WARE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Rockville, Maryland 15-1
	ON A FARM?
12418 Seven Locks Road 3. NAME OF First Middle	12418 Seven Locks Road YES NO X
DECEASED (Type or print) Emma Middle	Last 4. DATE Month Day Year DF DEATH Sent 20 1966
	8. DATE OF BIRTH 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	August 9, 188578 last irthday) Months Dayo Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AT THE DEPOSIT OF THE RESIDENCE OF THE PROPERTY OF THE PROPERT	D. Land Tr. Mar
(Yes, no, or unknown) (If vective war or dates of service)	INFORMANT AddresRockville, Md.
	Earl E. Dove- Son- 4800 Oxbow Road
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	my thrombosic Interval BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	my Thromboth Thank
Conditions, If any, which	
gave rise to Immediate	
cause (a), stating the DUETO (c)	
(6)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Hypertennon + 0	PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Hyperleumon ** C 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased from	2/66, 19 to 9/29/66, 19 that (1) (we) last
	death occurred at 20M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 172966 Maryle
NAME (Type) Dr. Patrick Jameson, M.D.	11718 Georgia Avenue, Silver Spring,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 10/1/66 Parklawn Cen	metery Rockville, Maryland
24. FUNERAL DIRECTOR Tyson Wheeler 1331 Rockville Pike	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	20852 DATE US! I DOD Marley Judge

VR A15 (4) 20M 1/65

grenous north

Line siegi meve. Sirsi

Paulle White

. lougewite

as at mile

Money Land , office Lund

Societies, largiand

Lack to be a seven Locker Road

Cove - 29 25

ds 42 18 7 Fist , 2 taugus

. W. D. W. B. C. B

Marghand Content

BH - CIELTINGOL -

5/2-12-5/13 | Eric | Dove - Hon - 4000 - 2000 | Eric |

coronary thromboses were

Hypertenney a obserby

Partirely Murery in, secretor democon, H. o. 11710 coorgin avenue, cilver oprince

Burial Collyson gresones menines de NOI Introd

School beneficial williams

166

Tynon hawler 1331 lockwille Fixe

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 19001
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give pearest town)
3. Iver Spains 23 Drys Y, Nepart
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Noly (Russ Hosp. of Silver) PRINT S. Myntle SI, YES NO X
3. NAME OF DECEASED (Type or print) Elegnor E. Dubivsky DEATH 9 - 25 - 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
WIDOWED DIVORCED 8-16-07 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY No. 1. 1. 5 A INDUSTRY
13. FATHER'S NAME
Frederick Meyerholz Mary C. Morrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, no, or unknown) (If yes give war or dates of service) 155-36-5672 MRS. George D. Becker - Bowle, MS.
INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: / R = M D
IMMEDIATE CAUSE (a) 4 1 2 1 1 1 2
Conditions, If any, which) Ch SUPPLIED TO BY PLEASURETS 25 DAYS
gave rise to immediate (b) 2489480000000000000000000000000000000000
cause (a), stating the DUETO CHARO PER MONTH COSCESS
underlying cause last. (c)
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
ES CORDINAGENY A PROPRIOSCLEROSCII & DISCHOST VES XI NO TI
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 2 at work 2
Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
21. I certify that (I) (this hospital) attended the deceased from 1 to 1 to 1 that (I) (we) last
saw the deceased alive on 19, and that death occurred at 14M, from the causes and on the date stated above.
22a. SIGNATURE 22b. DATE SICNED ATTENDING MED. STAFF 22b. DATE SICNED
M.D. PHYS. N DIRECTOR PHYS.
22c. AHYSICIAN'S NAME (Type) HOLOWS STEPLING MY 1367 WWW. BLVD HAMPSULLED
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Removal 9-26-1966 Sacred Heart Cometony Vineland, N.J.
24. FUNERAL DIRECTOR TO GO TO ADDRESS TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL
Soseph Gawler's Sons, Inc.
5130 Wisconsin Ave. N.W. Wash. DC. DATE SEP 2, 1966

S. WESTER

.nai_sala starousi tenne

The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12902

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SLVER SPRING 4 MONTHS	COLLEGE PARK.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, address)	
FAIRLAND NRSG HOME SILVER SPRING	1 4626 KNOX KD. YES NOW
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JAMES EDWARD	DUDLEY DEATH SEPT 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED	Oct. 9 1877 88 yrs.
Da. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
K. R. CONDUCTOR (Seteral)	VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Dudley	Mary Geodioin 1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address 4/21 - Level 1/21
(163, 110, or unixumity (1) yes give may or unice of services	Thurs M. Duden San Color Px Md
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: RESPECTO AND	1-ailure
DUE TO O	1 1
Conditions, if any, which (b) (lefel tal	Throwhoses
gave rise to immediate	
cause (a), stating the underlying cause last. (c) Atterio SC	levosi, s
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
Diabetes mell	i tus PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELY Diabetes Medical Contributions of Cause of Death Or Contributions of Cause of Death (If Either, Notify Medical Examiner)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (!) (this hospital) attended the deceased from	1963 to 913 , 1966, that (1) (we) last
	t death occurred at 32 M, from the causes and on the date stated above.
22a. SICNATURE	22b. DATE SIGNED
Joseph Smuth p. M.	ATTENDING AMED. STAFF DO BIG
22c. PHYSIDIAN'S TOSEPH E. Smith, JT.	Buttonsville, Md.
23a: BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d LOCATION (City, town or county) (State)
HERT-1960 Cargocod	- thereallerfella (a).
24. FUNERAL DIRECTOR 1 254 Card ADDRESS 1258	MLL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE
J. When Wallers Washing land of	1200/2 DATE SEP 7 1966 Cuarles Judge

VR A15 (4) 20M 1/65

Manufacture Y. T. Committee Committe the state of the s the property of the second second second The set of the second s Alex 19 200 - 198 - ---

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE MARYLAND 21201

, ,		DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOF	W. I KESTON SIKEET, BALTIMORE, MAKTLAND 2120)
FOR STATE		12909 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 129	03
HEALTH DEPT		COUNTY MONTCOMENS MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY b. COUNTY	before odmission)
delay is and 3 to 13. Poge tment o		o. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give,	seorest town)
f orry delay 1, 2, ond 3 rm PM3. Po		write RURAL and give nearest town) Do A	Rockville	15 21
ges 1, 2 farm r farm ate Dep		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS No fixed. addr= 53.	e. IS RESIDENCE ON A FARM? YES NO
25 = 25		NAME OF First Middle	Lost 4. DATE Month	Doy Year
0 0 > 6	S.	Type or print) CORL & DE	urbin DEATH SIERT	5 19 6 6 YEAR 1 IF UNDER 24 HRS.
W alo	1	nale W WIDOWED DIVORCED &		Doγs Hours Min.
hour Hem Offic I ond ever	duri	USUAL OCCUPATION (Give kind of work done growth of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	A 11 101. COU	ZEN OF WHAT NTRY?
nin 24 ncil in yangs s		Laborer FATHER'S NAME	14. MOTHER'S MAIDEN NAME	904
with per year		LEO S. DurBin	FRANCES PARKET	2
al in the day	(Ye	s, no, or unknown) ((If yes give war or dotes of service)) TI-	am blut Deubin - Brothe	ockulle ml.
d be execuided "pending Chief Medic fransit perm		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) YOUR STATES	of Inforction.	INTERVAL BETWEEN ONSED AND DEATH
shauld be e ne word "pen o the Chief N buriol-transit mation, ar re		7 LO 1 DUE TO		12 fc.
ate shauld g the word id to the C o buriol-ti cremation,		Conditions, if ony, which gave rise to immediate cause (a), DUE TO	17017) 00515-	1 1 860
certificate writing the rwarded to seed os o ourial, cre		stoting the underlying couse (c)		
s certificate, writing torwarded os o burial, cre	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		19. WAS AUTOPSY PERFORMED? YES NO
: Thi tificat Id be uld be rior to	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Part I or Port II of item 18.)	113/23 110
INE sho sho file file ant,	MEDICAL (CE OF INJURY (Home, form, 20f. (City or town) (Coun	ty) (Stote)
EXAM ute th your your Page id age	ME	p.m. 19 at work U ot work U		
Exical EXA case execute irector. Page ained far yo IRECTOR: Page designated o		21. I certify that I taak charge af the remains described above, hel death resulted fram: Natural causes , Accident , Suici		and in my apinian
DEPUTY MEDICAL Excessory, please exect en function. Polymer may be retained far FUNERAL DIRECTOR: ealth or its designate		ACTUAL John & Bell	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
JTY M rry, ple erol di be rete RAL Di or its		TVA MINISPIE	_M.D. ASSISTANT MEDICAL EXAMINER \ 9/15/66	
necessary, pure funeral s may be r co Funeral Health or it	00	NAME (Type) JOHN G. BALL	Address (Street, city, town, or county) Bethesd	
10 10 10 10 10	230	Burial 23b. Date thereof 23c. Name of cemetery or control and 25c. Name of cemeters of cemetery or control and 25c. Name of cemeters of cemeters of cemeters or control and 25c. Name of cemeters of cemet		County) (Stote) Virginia
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS	land 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE

VR A15ME (5) 6M 1/66

Living . The state of the state south the first of the contract of the contrac

VR A15ME (5) 6M 1/66

CERTIFICATION BURIAL CREMATION 23d. LOCATION (City ar Town) (County) buri (Specify) 9/23/66 Mt. Zion Highland, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR harlen Micott City, Md.

10051			
	Anatyani		200
		the the all the room	
	The same of the sa		
ARE		, um	elf-evelfa
	UNDONA		
offer, maridan	. risetta impered l'este	79960-01-015	

1780-19E

en=Zija Bi

9-1561

		MARYLAND :	STATE DEP	ARTMEN	T OF F	HEALTH		
DIVISION OF	STATISTICAL	RESEARCH AN	D RECORDS,	301 W. PR	RESTON	STREET,	BALTIMORE 1,	MARYLAND
2011		CED	TIELCATE	OF DE	EATH			

-	JENTIFICATE OF THE PROPERTY OF	L OF DEATH
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
1	MONTEOMERY	8. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	write RURAL and give nearest town)	SULVED SORIAL 15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
9	HOLY CROSS HOSDITAL	ON A FARM?
3.	. NAME DF First Middle	Last 4. DATE Month Day Year
	OECEASED (Type or print) CHARLES D.	EBEL DEATH SEPTEMBER 19, 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIPTH 19 ACE (In years HEINNER 1 YEAR HE INNER 24 HPS
-	// WIDOWED ☑ DIVORCED ☐	JAN 19 1891 Jast birthday) Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1.0	uring most of working life, even if retired) RETIRED-WHITE HOUSE U.S.GOV'T	WASHINGTON, D.C. 1500 R.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CHARLES E.EBEL	MARIE EGLOFF
		INFORMANT Address ND
1		RS.MARIE E.SMITH=SANDY SPRING, MARYL
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 LYMNI W	ulacor on Edlores 2 dass.
	DUE TO	and the same of th
	Cenditions, If any, which \ (Lust rus l.	Jamesian Merth
	gave rise to immediate cause (a), stating the DUE TO	
~	underlying cause last. (c) All Cla allia	The state of the s
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	The state of the s	YES NO
RTII	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part i or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, strept, office bldg., etc.)
MED	p.m. 19 While Not While at work	My, succession bulleting
	21. I certify that (I) (this hespital) attended the deceased from.	926/66, 19 to 4/19 , 1966, that (1) (we) last
		at death occurred at P.M. from the causes and on the date stated above.
	22ad SLOWATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	MEURINE MELLEN M.E	D. PHYS. DIRECTOR PHYS. 1/19/6/2
	PHYSICIAN'S NAME (Type) Francis X. Richardson, M.D.	22d. ADDRESS
22		11912 LERGING CO. WHIS CK, THUS
23	ia. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify)	
24	BURIAL 9/22/1966 ROCK CREE 4. FUNERAL DIRECTOR ADDRESS	EK CEMETERY WASHINGTON D. C. 125a. REC'D BY REGISTRAR 125b. RE
H	TYPE ALTO THE THE PARTY OF THE	WASH. SED O 1000 001 00
-	James & Harard -	D. O. DATE DLI & & 1500 Marley Judge

VR A15 (4) 20M 1/65 2021 - FERMING ALTERNATION OF THE PROPERTY OF

the same and the s

TEAM, OHITE RESIDENCE, MARCH

Property C. Meinsteiner, M.J. William Comp. 18.

ATTEMENT OF THE PARTY THROUGH THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Mary land Prince Georges C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) rs. Pag hours hours 15 days Hyattsville = Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS bon papers, within 72 h The Clinical Center, Bethesda, Maryland 2013 Chapman Road etely NAME OF First Middle Last DATE Month 4. DECEASED event, (Type or print) Robert Thomas Eicholtz DEATH September compl 6. COLOR OR RACE | 7. MARRIEO X NEVER MARRIED 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and Male WIDOWED [DIVORCED [2 May 1910 56 attending physician a srmit. Then please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) Philippine Islands Fireman County Government certificat 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Eicholtz Lucretia Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) ansit perm remation, WWII & Korean 577-30-5597 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ial-transi ial, crem þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Renal Failure has been signed be as the burial-tran prior to burial, cre Undifferentiated Lymphoma Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. After this certificate ha uld be detached for use a he State Dept. of Health pr PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) Exogenous compression of common bile duct with hepatocellular CERTIFI 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While MEDI While at work at work p.m. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that XIX (this hospital) attended the deceased from Sept. 15 , 1966, to Sept. 30 , 1966, that XIX (we) last saw the deceased alive on Sent. 22a. SICNATURE ATTENDING PHYS. DIRECTOR PHYSICIAN'S NAME (Type) Martin H. Cohen, MD BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

last birthday) | Months | Days Hours I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? II.S.A Medical Records. Address The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN 1 Week 11 months PERFORMED? decompensation YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) 1/19 66, and that death occurred at 905 M, from the causes and on the date stated above. 22b. DATE SICNED 30 Sept. 1966 Clinical Center, National tutes of Health, Bethesda, Maryland 23d. LOCATION (City, town or county) ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

YES

30

ON A FARM?

Year

1966

NO X

VR A15 (4) 20M 1/65

FUNERAL DIRECTOR

The state of the s			Access
12002			STIEST-
respon souling	an areas		* via-sq1mis
	olligettica	N. AUGUST	ata co Juli
		Chesta, thrytant	the Climberl Camput, Do
d de Jarinos	icholt; richolt	ennoil J	
	at part on a		state state
	Philippine Islanda	Jaconzevoj vanos	Elmenn "
	tacrest a Borton Noticel Records		ratemann M. million
	d Tables Captur, b	#.S&-/H TE	Yes girl i lynam
		e brother hand	
elium III	- sautoe	I to the method	
	zalmileosta ne neze do	un elle semmes in	notherwood appearation
	91.15 on 21.16	00 07.	and the same
eret super ve the			
Contex, National	Institutes of Bealts		E MATERIAL PROPERTY.

W. J. Herrittenson

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perhit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. BSUAL RESIDENCE (Where deceased lined, If institution: Residence before admission) a. COUNTY b. CITY OR TOWN (if outside corporate limits, virtle RURAL and give negret town) b. CITY OR TOWN (if outside corporate limits, virtle RURAL and give negret town) TEALOMS 3 ark d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Was hive negret town. Silver Spring d. STREET ADDRESS O. IS RESIDENCE DON A FARMY YES DA FARMY YES DO A
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address) Washington Solver Soring d. NAME OF DECEASED (Type or print) 5. SEX 6. CDLOR OR RACE Widdle Last G. CHY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MIDDLE DIA FARM? YES DN A FARM? YES ND A SAGE (in years) IFUNDER 1YEAR IFUNDER 24 HRS. Isat birthday) Months Days Hours Min. 10a. USUAL DCCUPATION (Give kind of work done INDUSTRY) HOUSE WIFE County & State, or foreign country) 11. BIRTHPLATE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? YES ND A HOUSE WIFE AVENUE OF THE NO. INDUSTRY HOUSE WIFE COUNTRY? YES ND A FARM? YES ND B A STREET ADDRESS B. JATE MOTHER AVENUE A HOUSE NO. A STREET ADDRESS B. JATE MOTHER AVENUE A HOUSE OF BARTH (Enter only one cause perfline for (a), (b), and (c).1 PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD CONDITION (IF outside corporate limits, write RURAL and give nearest town) B. Last Dark A PARM? A DATE DATE NOTE AND A PARM? A DATE DATE NOTE AND A PARM?
Tekoma Park d. NAME DF
SAN TATION SAN
3. NAME DF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDDWED DIVORCED 18. May 1900 19. AGE (In years' IFUNDER 1YEAR IF UNDER 24 HRS. last birthday) WIDDWED DIVORCED 18. May 1900 66 yrs. 10. USUAL DECUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME DOnald Wedman 15. WAS DECEASED EVER INU.S. ARMEOFDRCES? (Yes, no, or unkown) (Ifyes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
3. NAME OF DECEASED (Type or print) 5. SEX 6. CDLOR OR RACE Width WIDDWED DIVORCED 18 May 1900 66 yrs. 10a. USUAL DECUPATION (Give kind of work done) during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DONALD WEDMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, now or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause perfline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Last 4. DATE DEATH BEATH 9. AGE (in years) IF UNDER 17 EAR IF UNDER 24 HRS. 18. DATE OF BRITH 9. AGE (in years) IF UNDER 17 EAR IF UNDER 24 HRS. 18. DATE OF BRITH 9. AGE (in years) IF UNDER 17 EAR IF UNDER 24 HRS. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? AT HOME 14. MOTHER'S MAIDEN NAME DONALD CORD WE WAS ADDRESS OR INTERVAL BETWEEN OBSE, AND DEATH DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Hrs. Isas birthday) Months 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (Ifyes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) OUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
Temple White Widdle Divorced 18 May 1900 66 yrs. Months Days Hours Min.
10
during most of working life, even if retired) Housewife 13. FATHER'S NAME Donald Wedman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause polline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
13. FATHER'S NAME Donald Wedman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause polline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 14. MOTHER'S MAIDEN NAME Dd1 th MacCordy Address Charles G. Eschenberg Same as #2 INTERVAL BETWEEN ONSET AND DEATH OUE TD DUE TD DUE TD DUE TD UNDERVAL CC DUE TD UNDERVAL CC CC CC CC CC CC CC CC CC
Donald Wedman 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause porline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD UE TD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
NO 128-097231 Charles G. Eschenberg Same as #2 18. CAUSE DF DEATH [Enter only one cause perline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. CARCINITY (b) DUE TD DUE TD (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD (b) DUE TD (c)
Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TD (c)
gave rise to immediate cause (a), stating the underlying cause last.
underlying cause last. (c)
PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Foter nature of Injury In Part I or Part II of Item 18)
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED (Foter nature of injury in Part Lor Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work
Hour a.m. p.m. While Not While at work at work
11. 1 6 7 7 7 13 6 6
21. I certify that (I) (this hospital) attended the deceased from 1900 to 1000, that (I) (we) last saw the deceased alive on 1900, and that death occurred at 34 M, from the causes and on the date stated above.
saw the deceased alive on 1900, and that death occurred at 34 M, from the causes and on the date stated above.
The local all the man Attending Med. Staff 9/30/11
22c. PHYSICIAN'S 22d. ADDRESS
NAME MYPER GEORGE F. SONGSTACH 9241 Columbia Bird, Sil. Sprg. Md
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10-3-66 Arlington National Arlington Va.
TO O O O O O O O O O O O O O O O O O O
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Age mudale. SHIPS TOLLS nombon window. No. Southern with the Land Line of the CES TOC-BALL II AND THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE The state of the s was controved in and analysis. . . .

death.

funeral and 2 and 2 death.

= filled

> completely carbon

physician

attending

mit. 0

been signed by t the burial-transit or to burial, crama

has been e as the l

certificate hand hed for use of Health p

detacher de Dept.

OIRECTOR: After the age 3 should be defilled with the State [

cramation, the a

and con

after

hours

within

executed

certificate

death

law requires that the

PHYSICIAN:

ATTENDING

OR be

retained

by the hospital or attending physician.

Pages 1

bon papers. Page within 72 hours a

event,

any

=

ease

3.

ICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If instituti a. COUNTY a. STATE 0 MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ILVE INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME DE Middle DATE First 4. Last DECEASED OF DEATH (Type or print) 6. COLOR OR AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS MARRIED NEVER MARRIED Jast birthday) WIDOWED DIVORCED 10b. KIND OF BUSINESS OR (County & State, or foreign country) INDUSTRY

5. SEX 10a. USUAL OCCUPATION (Give kind of workdone | during most of working life even If retired) 0 FATHER'S NAME 05 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or upkown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO.

TOV

17. INFORMANT

14.

Address

b. COUNTY

Month

Months

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) DUE TO

0

MOTHER'S MAIDEN

on: Residence before admission)

YES

Day

Oays

COUNTRY?

12. CITIZEN OF WHAT

1

a. IS RESIDENCE ON A FARM? NO DO

Year

19 66

Hours

INTERVAL BETWEEN

DEATH

m0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TERIOSCLEROSIS

18. CAUSE OF DEATH [Enter only one cause per line tex (a), (b), and (c).]

OUE TO

119. WAS AUTOPSY PERFORMED? NO X

YES

CERTIFI 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

attended the deceased from

DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m.

20d. INJURY OCCURRED While

Not While at work

120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

p.m. (this hospital) 21. I certify that (1).

saw the deceased alive on

at work

66, and that death occurred at 4 M. from the causes and on the date

22a. / SIGNATURE 220, PHYSICIAN'S

NAME (Type)

M.O.

ATTENDING PHYS. 22d. ADDRESS

MED. OIRECTOR

22b. STAFF PHYS.

23a.

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c,

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

(State)

DATE SIGNED

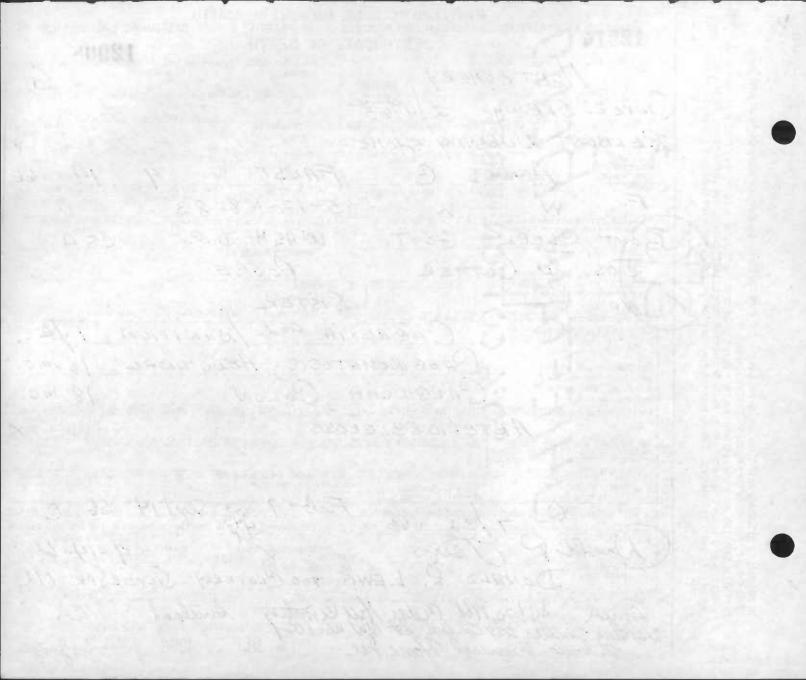
FUNERAL DIRECTOR

ADDRESS

25b.

REGISTRAR'S SIGNATURE

TO FUNERAL O director, pag should be file Page 4 may HOSPITAL VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COLINTY b. COUNTY MARYLANO ive. b. CITY OR TOWN (If autside conforate limits, c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Forest 11 Silver Sprin ic. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 73 row on wes.s. Ju var husion i wy in 4 e NO 3. NAME OF First Middle Last 4. DATE DECEASED OF DEATH (Type or print) IF UNOER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS last birthday) Manths Doys Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY . 162 U 00 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) too les 18. CAUSE OF DEATH (Enter only one cause per line for/(a) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO ' 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) Haur a.m. While Nat While factory, street, affice blda., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram Thus 1966 that (1) (we) last 5 % ta .

sly filled in by the funeral san papers. Pages 1 and 2 within 72 hours offer deoth. remove corban completely event, ond in any pup or removal, ottending phy phy permit. cremation, the signed by the burial-transit physician. burial, for use as the k Health prior tab O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending hos been this certificote be detoched for State Dept. of H TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

OR ATTENDING PHYSICIAN: The law requires that the death certificate

executed within 24 hours after death.

H

SEX

CERTIFICATION

23a.

VR A15 (4) 20 M 1/66

BURIAL CREMATION REMOVAL (Specify)

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

saw the deceased alive an

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 0 0 C

reordia ive is av

23d. LOCATION (City or Town

DIRECTOR

19 66, and that death accurred at 10/50 M, fram causes and an the date stated above.

22b / DATE SIGNED

M.D.

PHYS

22d. ADDRESS

25g. REC'O BY REGISTRAR

PHYS.

25b. REGISTRAR'S SIGNATURE

PREST.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 24 hours after death. funerol 3 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Marvland MARYLAND ofter Montgomery Montgomerv c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, popers. Page hin 72 hours a write RURAL and give neorest town) Silver Spring Silver Spring e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS .⊑ and in any event, within 72 ON A FARM? 215. Crestmoor Circle YES T NO C 215.Crestmoor Circle 3. NAME OF Middle Lost 4. DATE completely DECEASED OF DEATH Sent. (Type or print) car IF LINDER 24 HRS. IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED remove last birthdoy) Months Dovs Hours WIDOWED 3 DIVORCED Female White 18o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? eose during most of working life, even if retired) INDUSTRY O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Towa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Joseph Clements Grace Reade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no of unknown) (If yes give wor or dates of service Byron A. Barnes same as NO buriol, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) by DUE TO signed l Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse be retained by the hospital or attending detached for use as the te Dept. of Heolth prior to last 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour a.m. Not While foctory, street, office bldg., etc.) While of work ot work , 1962, to 9-16 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram ma-1966, and that death accurred at 2 p M, fram causes and on the date stated above saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS director, poge should be filed 22d. ADDRESS ZZc. PHYSICIANIS' NAME (Type) Poge 4 moy 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Cremation pela Crematory 256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Lee Funeral Home 300.4th st

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 79 death. funera and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery b. COUNTY Montgomery after the MARYLAND afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b by oon papers. Pag within 72 hours hours Rockwille months .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Cove Lane. Apt. ove ane etely carbon NAME OF Middle DATE Month Day Last Year DECEASED B. ristol letcher event, Grace 19 66 September (Type or print) DEATH compl executed 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR) DATE OF BIRTH IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours and and in any Female WIDOWED DIVORCED NOU. 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT physiclan n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Housewite Own Home certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal William W. Rollow attending permit. Then eannette Childs 14005 Cove Lane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. the attent t permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) 10-5619 cremation. No None CAUSE OF DEATH [Enter only one cause yer live for (a), (b), and (c). INTERVAL BETWEEN PHSET AND DEATH n signed by burial-transit burial, crema PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) that DUE TO Conditions, If any, which the bu gave rise to Immediate DUE TO cause (a), stating the has be as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use r this certificate is detached for use te Dept. of Health PERFORMED? ICAT YES NO K CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Not While p.m. 19 at work at work 0 21. I certify that (I) (this hospital) aftended the deceased from DIRECTOR: Jage 3 should lied with the saw the deceased alive on? M. from the causes and on the date stated above. that death occurred 22a. SIGNATORE DATE SIGNED page ATTENDING M.D. DIRECTOR Page 4 may PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Prince emeteru yeorges (0., 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ylen aute

DATE

NO X

VR A15 (4) 20M 1/65

Pumphtey

			La Contraction de la Contracti
			Calab.
te and take		401 .	that they have the
	Z Ministry	Shakar, II	200
	160 . 7, 1900 . 65		
A LE SUPE	Contractor, et		aties was a
	MASIC estaments)		The Street Land Section
and the State of t	Salarate . Total	0.5 U = X	*****
		12/ 27	
attachter to	Constant Constant		
	March 1982 and 18	and the state	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

VR A15 (4) 20 M 1/66

	10	10 NtsomERY	MARYLAND	DC	D. COOK1			
1		b. CITY OR JOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	de corporote limits, write RURA	AL and give negrest town)		
	1	write RURAL and give nearest town)	38 hrs 35 min	Washingt	(0)	4-7 (3)		
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	,	e. IS RESIDENCE		
6	-	Sub ban Hospital		1416 FESSE	NDEN ST N	ON A FARM?		
		NAME OF First	Middle	Lost	4. DATE Month	Doy Year		
		DECEASED (Type or print) DESRGE	, H, +	ophes	OF DEATH SOM	+ 25 1966		
	S. 5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
	17	nale white WIDOWED	DIVORCED /	2-19-97	Jast birthday) yrs.	Months Doys Hours Min.		
			IND OF BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT		
-	Col	ing most of working life even if retired)	EMAKER + MAHARE	wash.	W.C.	W.S.U.		
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME //,			
		LEORGE H. +	repes	()irain	na Hiy	285		
	1-5		SOCIAL SECURITY NO. 17. I	NFORMANT //	Address	S		
	(ye	s, no or onknown) (If yes give wor or dates of service)	77-03-7533	1 1 YitE				
		18. CAUSE OF DEATH (Enter only one couse per line for	(o) (b) and (c))	7	DASTONIAN -S	CPTA INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY:	ocardin/ I	n fanc Fixa	acute sever	ONSET AND DEATH		
		IMMEDIATE CAUSE (a)	UL-MI SIMI ASI	110011	aran i	3/1/5		
		Canditions if any which gave t	anany antos	w insut	L'alphall in	ad 11115.		
	rise to immediate couse (o),							
		lost. (a) Company anteriosclendsis						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY						
2	NO.							
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING \(\square\) 20b. D	ESCRIBE HOW INTERPRED !	Enter nature of injury in Do	rt I or Port II of item 1D)	YES NO		
	FRT	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)						
	ALC	(IF EITHER, NOTIFY MEDICAL EXAMINER)	MINDY OCCUPATED TOO DIAG	T OF INTERVALLE A	I 00/ (C'A A)	16		
	MEDICAL	Hour o.m. While		E OF INJURY (Home, form, pay, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
	2		k 🗀 ot work 🗀					
		21. I certify that (I) (this h ospital) atter			50, to Sept 25	, 19 <u>66</u> , that (I) (we) last		
			29 1966, and that	death occurred at	A M, from causes a	nd an the date stated above.		
		220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED						
		Steward Suggest M.D. PHYS. DIRECTOR LI PHYS. L. Jep / 23 1966						
1		22c. PHYSICIAN'S NAME (Type) Stewart	lapp M.Q	22d. ADDRESS	our Chara	ne Cheuy Chase		
1		7,000	1 1 1 1	17/10 4/11	errenase	Ma		
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	~ 1	238. LOCATION (City or Town	', ', ', ', ', ', ', ', ', ', ', ', ', '		
X		CREMATEN 12-21, 184	1000000	LN CREMATRY	WASHINE			
M	24.	. FUNERAL DIRECTOR IVES FUNCEAL HOME	2 ADDRESS N'ISON I	71 / 0 =	0 - 0 - 0 0	ISTRAR'S SIGNATURE		
W		Jan E. Dagen Jr.	ARLINETON, V	DATE SE	P 29 1966 A	and most		

AND SOUTH SECTION OF THE PARTY OF THE PARTY

completely filled in by the funeral nove carbon popers. Pages 1 and 2 nove event within 72 hours after death.

remove carbon

pleose

attending physicion permit. Then please

signed by the burial-transit p

permit.

or removal,

burial.

the

use

for

detached

should

director, page 3

Health prior 05

24 hours after death

executed within

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH o. Cath tgomery b. COUNTY MARYLAND Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) 15 days Takoma Park Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Sanitarium and Hospital 4610 Asbury Aveune YES NO E 3. NAME OF Middle 4. DATE Month DECEASED Mrs. Mildred Lee Ford September 28 (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months DIVORCED October 7, 1881 female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) COUNTRY? INDUSTRY Maryland America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Bolden Mr. Howard Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 215-56-6268 Patient's chart no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse WAS AUTOPS PART TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from 17 Sep., 1966, to 26 Sep., 1966 that (I) (we) lost 19 60 and that death occurred at 230 AM, from couses and on the date stated above. sow the deceosed olive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Takoma. Park Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23g. BURIAL CREMATION. Baltimore (emetery Baltimore, 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

eonard J. Ruck Inc. Balto. Md. 21214

TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been

1291 Television of the contract of the contrac

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12921			CERTIFICAT	E OF DEATH		1	291:)	
1.	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (o. STATE	Where deceased	d lived, if instituti b. COUN		before odmi	ission)
	Montgome	PV		MARYLAND	Washingto					
	b. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate	e limits, write RUR	At ond give	neorest town)
	Takoma Pa	give neorest town)		29 days	Washingt	on D.C.			4743	
		AL OR INSTITUTION (If no	t in hospital,		d. STREET ADDRESS					ESIDENCE
1		n Sanitari			1701 Park	Road.,	N.W. Ap	t. 412	YES [A FARM?
3.	NAME OF	Fir		Middle	Lost	4. DATE	Mont	1	Doy	Year
	(Type or print)	In Char	les Fr	edric Fove		OF DEATH	Sent	tember	5 1	19 66
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 Y	FAR IF UN	DER 24 HRS.
			WIDOWED	DIVORCED			lost birthdoy)	Months [Doys Hour	rs Min.
10	Male	white			9-28-91	. P State or form		12 (1717	EN OF WHAT	
	o. USUAL OCCUPATION uring most of working	(Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County	y & 31018, 01 1018	aga country)		NTRY?	
	Retired	Salesman			Rhode			_ Ar	nerica	n
1:	3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Charles	Foye			Ella	Hall				
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	INFORMANT		Addre	SS		
(R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)	10 05 0000	D-12111					
	no	EATH (Enter only one cou		10-05-8330	Patient's ch	nart.			INTERVAL	DEDAMEN
	Conditions, if ony rise to immediate stating the under last.	e couse (o),	TO (b)	ce in fana . O l						
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)							19. WAS A PERFO	NO NO	
CFRT	200. ACCIDENT WAS UNDERLYING \(\text{ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in OR CONTRIBUTING \(\text{ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)} \)						II of item 1B.)			
MEDICAL	p.i	n. 19	While of wor	Not While of	LACE OF INJURY (Home, forr octory, street, office bldg., etc.	.)	(City or town)	(Coun		(Stote)
	saw the d	21. I certify that (I) (this haspital) attended the deceased fram 2 -8 , 1966, ta 9-5 , 1966, that (I) (we) las saw the deceased alive an 9-4 1966, and that death accurred at 200 FM, fram causes and an the date stated above								
	Stu	220. SIGNATURE M.D. ATTENDING MED. STAFF 9-5-66 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED								
	22c. PHYSICIAN'S NAME (Type		. Nel	son			Ave.		a Par	k, Md
2	30. BURIAL, CREMATION REMOVAL (Specify	9/8/6		Rock Cree	R CREMATORY		ATION (City or Too hingtor	,	County)	(Stote)
-	24. FUNERAL DIRECTO)R		ADDRESS		D BY REGISTRA		GISTRAR'S SIG	NATURE	
	The I.	H. Kenes	Conster	4 2901-14	DATE S	SEP 9	1966		les Ju	egge

Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after depth.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

the party of the p AND THE PROPERTY OF THE PARTY O

TO FUNERAL DIRECTOR: After this certificate has been signed by the elevating physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	19992			CERTIFICAT	E OF DEATH		12916	7	
1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where decessed lived, If		ence before e	dmission)
	Mon	tgomery		MARYLAND		pland b. cou	Montg	omery	
	b, CITY OR TOWN (if write RURAL and	outside corporate lim give neerest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write	te RURAL end giv	e neerest tow	rn)
	Silver Spr	ing		20 years	Silver Sp	ring			
				spitel, give street eddress)	d. STREET ADDRESS			ON	ESIDENCE A FARM?
-	615 Silver	Spring Au	enue	10.40	615 Silver	r Spring Avenu			NO X
3.	NAME OF DECEASED	First	ì	Middle	Last	4. DATE Mont	h Da	у Үөөг	
L	(Type or print)	Carl			rey	DEATH Septe			66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys	R IF UNDER	
	Male	White	WIDOWE	D DIVORCED	Dec. 2. 1882	83 yrs.	Months Deys	Hours	Min.
	e. USUAL OCCUPATION one during most of wor			IND OF BUSINESS OR INDUS		nty & State, or foreign country	12. CITIZEN	OF WHAT C	OUNTRY?
"	Retired sci	i i		Ant.	Germanu		11	S. A.	
13	FATHER'S NAME	orpa c	-		14. MOTHER'S MAIDEN	NAME	1 000	9. 11.	
	Carras O.	The said			Cecelia Ste				
15	George free	R IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1 17.	INFORMANT	EGNENN	s		-
()	es, no, or unkown) (If	yes give war or detes of:	service)			615 Silver	Spring	Avenue	
-	/YO	None		18-12-1757 MA	s. Marie Frei	1 Silver Spr	ing. Mar	uland	
		WAS CAUSED BY:	cause per	ine for (e), (b), and (c).]	1.	-1		NTERVAL BET	
		MMEDIATE CAUSE (6)	CU	Rimone 1	prostole	E meterstes	us _	291	0
	177X	DUE TO)	Y	J.				
	Conditions, if eny,	which) (b))						
	geve rise to immedie	DILLE TO							
	(e), stating the un	deriying							
z	PART II. OTHER			TRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIT	VEN IN PART 1(a)	19. WAS A	UTOPSY
15								_	RMED?
FIC	200. ACCIDENT WA	S LINDEDLYING T	1 20h DE	SCRIBE HOW INJURY OCCUR	DED /Enter nature of injury i	n Part Los Part II of item 18)		152	NO E
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		Jekille 110 11 1100ki Oceok	rest femalian of many	.,			
1×	20c. TIME OF INJUR	Y Month, Day, Ye	per 20d.		ACE OF INJURY (Home, ferr		(County)	-	(Stete)
MEDICAL	Hour e.m.		While at wor		ctory, street, office bldg., etc	.)			
2	p.m.	19	-			2011 2010	7//		
		10	ital) aften			195 4 to 3.0 deg			
	saw the decease	ed alive on.) 1	119 4. Se, and tha	t death occurred ab.	J. J. M. Nom the causes	and on the d		
	22e. SIGNATURE	1.01.	1	1.1		MED. STAFF DIRECTOR PHYS.	91	2 //	. DATE SIGNED
	22c. PHYSICIAN'S	Ef Jo Even	- C	cuq	22d. ADDRESS			10/6	43
	NAME (Type)	William.	D. Am	d	9006 Cole	esville Rd., S	. S., Md		
23	BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(St	tate)
	Burial (Specify)	Oct. 3.	1966	Fort Lincoln	Cemetery	Prince Georg	es co	Md.	
24	FUNERAL DIRECTOR	S SIGNATURE				C'D BY REGISTRAR 256. RE			
9	ionn is. Inoi	mas, -	Jun	Silver Sp		CT 5 1966	Marle	Juda	2
ᆜ	Varner ?. P	umphrey,	7700.	owner ob	charge 1 141 - MC	012 1000	1	1 0	

VR A1S (4)

Alusi. Calle The Control of Market F. Market Lat. Later and the control of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TORSTAN	_	2,177	J. W U Z. V
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmis
th of ge		o. COUNTY Montgemeig MARYLAND	o. STATE D. C. b. COUNTY
elay is d 3 to . Page nent of death.		b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
de an M3. m3.		write RURAL and give nearest town) 6 days.	Washington
2, 2, P		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RE
ith. If ony delay ages 1, 2, and 3 th farm PM3. Page to to to be partment of the Department of the Dep		Suburban.	3532 ALBEMARLE ST YES [
2 = 2		NAME OF First Middle	Lost 4. DATE Month Day
r de g w the the		(Type or print) Agnes O. FUE	71/1 DEATH SEP/ 2/ 19
ofter d 8. Give along v with the	S.	SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UND last birthday) Months Doys Hours
	10	WIDOWED DIVORCED DIVORCED	12/7/1872 93yrs. 10013
hours Item 1 Office and 2 event		D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 F 1 24		HOUSEWIFE	Lowa U.S.A.
pencil camina le sag	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Exar Exar File and	10	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Henfietta. Godfich
			is E Fugalt daughter in La
e executed bending" if Medical sit permit. removal,			INTERVAL B
e e e e e e e e e e e e e e e e e e e		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	1 sufficency Acute + Chronic ONSELAND
ld be rd "pe Chief transit		IMMEDIATE CAUSE (o) COTOTIST 9 17	1 10 15 1 certed Menter 30
should be executed ne word "pending" is the Chief Medical burial-transit permit.		(conditions, if ony, which gove) (b) Corelio Vescu	lar-Disease- Year
e _ + + e		nse to immediate couse (a), DUE TO	
dec dec		lost. (c) Arterio Sele	crosis Generalized - Year
certificot , writing arworded as used as c buriol, cr	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFOR
0 0	CERTIFICATION	Fracture of Lest Hip	YES
d b re	RTIFI(DDIMARY Was CONTRIBUTING	Enter nature of injury in Port I or Port II of item 18.)
ER: certification outdoord		CAUSE OF DEATH. Fall at heme.	eausingfracture of Lest hip
he sh	MEDICAL	The state of the s	E OF INJURY (Home, form, ory, street, office bldg., etc.) (City or town) (County)
XAM the that ge 4 your your	M	pint of di work a	Apine Washington.
L E Kecu Pay for NR: F		21. I certify that I taak charge af the remains described abave, hel	
e e e e e e e e e e e e e e e e e e e		death resulted fram: Natural causes 🔲 , Accident 🖎 , Suicid	
MEDICAL INCOME OF STATEMENT OF		ACTUAL OL & RILL	CHIEF MEDICAL EXAMINER 22. DAT
~ ~ ~ ~ *		SIGNATURE JOHN - J.	_M.D. ASSISTANT MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DEPUTY MEDIA ecessary, pleose he funerol direct moy be retained FUNERAL DIREC		EXAMINER'S TOHN G. BALL	Address (Street, city, town, or county)
o DEPUTY necessary, the funero 5 may be CUNERA Health or	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	REMATORY 23d. LOCATION (City or Town) (County)
0 m # 5 0 H	F	REMOVAL (Specify) Buriel 9/24/1966 Rock Creek	Washington, D. C.
	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	(Chevy Chase Funeral Home, Wash., D	. C. DATE SEP 26 1966 Acharles Jud

VR A15ME (5) 6M 1/66

(County) (Stote)

tion: Residence before admission

e. IS RESIDENCE ON A FARM?

IF UNDER 24 HRS.

Hours

4e315.

4ezis 19. WAS AUTOPSY PERFORMED? YES X

NO

and in my apinian

22. DATE SIGNED

256. REGISTRAR'S SIGNATURE Funeral Home, Wash., D. C. DATE SEP 26 1 Marles

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO Z completely i YES within 3. NAME OF First Middle DATE Last Month Year DECEASED OF (Type or print) DEATH 1966 executed 5. SEX remove n any eye 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please r should be filed with the State Dept. of Health prior to burial, exemation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND, DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F YES ERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2 WEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNED 22b. MED. STAFF M.D. DIRECTOR PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF 23a. 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) A FUNERAL DIRECTOR 24. ADDRESS REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. VR A.15 (4) DATE 20M 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10005

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

19010

PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed li	ived, if institut	tion: Resident	ce before	odmissio	n)
o. COUNTY	MONTGOMERY		MARYLAN	O. STATE MARY	LAND	b. COU		ONTG	ME R'	Y
	(If outside corporate limit	s,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If	outside corporote li	mits, write RU	RAL and give	neorest	town)	
Write KUKAL O	nd give neorest town)	LNEY	13 DAYS	SANI	Y SPRING	3			-1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hospitol, g	give street address)	d. STREET ADDRESS				e.	IS RESIDI	
MONTGO	HERY GENERAL	Hospi	TAL	BEN	TLEY ROAD			Y	ON A FA	NO X
NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Mont	th	Day	Year	r
(Type or print)	HA	NNAH	BALL	GILPIN	OF DEATH	9		9	19	66
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [8. DATE OF BIRTH		GE (In years	IF UNDER 1		Hours	
FEMA LE	WHITE	WIDOWED	DIVORCED [2-11-98	10	st birthdoy) 68 yrs.	Months	Doys	nours	Min.
	ON (Give kind of work done		IND OF BUSINESS OR	11. BIRTHPLACE (Cour	ity & Stote, or foreign	country)		IZEN OF	VHAT	-
	g life, even if retired)	IN	ואונטעוו	ENGLAND			1 10	UNTRY?		/
3. FATHER'S NAME				14. MOTHER'S MAIDER				1	-(-3/	
WALT	ER BALL			HANNA	H BENNETT					
IS. WAS DECEASED EN	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFORMANT		Addre	ess			
(Yes, no, or unknown)	(If yes give wor or dates o	or service)	11-7-12-14	MEDICAL RE	CORDS					
1621	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE		Bronchos	ence care	uin om	4		ONSE	T AND DE	
Conditions, if on nise to immedia stoting the und last.	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse	TO (b)TO (c)		D TO THE TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(o)		ONSI	VAS AUTOI	PSY
nse to immedia stoting the und last.	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse	TO (b)TO (c)			ONDITION GIVEN IN	PART 1(o)		ONSI	VAS AUTOI ERFOR MEI	PSY D?
nse to immedia stating the und last.	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse	TO (b) TO (c) ONTRIBUTING 1	TO DEATH BUT NOT RELATE					ONSI	VAS AUTOI ERFOR MEI	PSY D?
nse to immedia stoting the und last. PART II. OTHER S 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF EITHER, NOTIF Hour of the stote of the stot	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse DUE SIGNIFICANT CONDITIONS C AS UNDERLYING G G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	TO (b) TO (c) ONTRIBUTING 1	SCRIBE HOW INJURY OCCUI	D TO THE TERMINAL DISEASE C	n Port I or Port II o		· (Cou	ONSE 19. V	VAS AUTOI ERFORMEI	PSY D?
nse to immedia stoting the und last. PART II. OTHER 12 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 14) 20c. TIME OF IN Hour o	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse DUE SIGNIFICANT CONDITIONS C AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JUNEAU MONTH, Doy, Yeor .m. 19	TO (b) TO (c) ONTRIBUTING T 205. DE 20d. In While of work	SCRIBE HOW INJURY OCCUI	D TO THE TERMINAL DISEASE C RRED. (Enter noture of injury i e. PLACE OF INJURY (Home, fo foctory, street, office bldg., et	n Port I or Port II o rm, 20f. (Ci 19'≤ € , to	of item 18.) ty or town)	, 19 <u>4</u>	19. V YES	VAS AUTOI ERFORMEI N	PSY D? NO State of the state of
nse to immedia stoting the und last. PART II. OTHER STOTE S	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS C AS UNDERLYING G G G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 Iffy that (I) (this hos deceased alive an E	TO (b) TO (c) ONTRIBUTING T 205. DE 20d. In While of work	SCRIBE HOW INJURY OCCUI	D TO THE TERMINAL DISEASE C RRED. (Enter noture of injury i e. PLACE OF INJURY (Home, fo foctory, street, office bldg., et om	n Port I or Port II o rm, 20f. (Ci 19'≤ € , to	of item 18.) ty or town)	, 19 <u>4</u> and an th	19. V YES	WAS AUTOI ERFORMEI N	PSY D?
nse to immedia stoting the und last. PART II. OTHER STOTE OF IN HOUR OF IN SAW the Care Sa	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS C AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	TO (b) TO (c) ONTRIBUTING 1 20b. DE 20d. In While of work pital) attenue	SCRIBE HOW INJURY OCCUI	e. PLACE OF INJURY (Home, for foctory, street, office bldg., et al., and that death occurred of the phys.	n Port I or Port II o rm, 20f. (Ci 19-6, to 11-12-14-14-14, fr	of item 18.) ty or town) Graph Gra	, 19 <u>2</u> and an th	onse le	VAS AUTOI ERFORMEI N	PSY D? NO State of the state of
nse to immedia stoting the und last. PART II. OTHER 12 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFE 200. TIME OF IN Hour of Saw the contribution of the contribution of the contribution of the contribution of the contrib	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS C AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 Iffy that (I) (this hos deceased alive an E S O B O B O N 23b. DATE THI	TO (b) TO (c) ONTRIBUTING 1 20b. DE 20d. In While of work pital) attended	SCRIBE HOW INJURY OCCUINURY OCCURRED 20 Not While of work ded the deceased from 1966, and	e. PLACE OF INJURY (Home, for foctory, street, office bldg., et al., attending M.D. ATTENDING M.D. ATTENDING MED 1 C.	n Port I or Port II or rm, 20f. (Ci 19-E, to other MED. DIRECTOR AL CENTER	of item 18.) ty or town) Graph Gra	, 192 and an th 22b. DA 9-1	onse le	(Sint (I) (wastated)	PSY D? NO State of the state of
nse to immedia stoting the und last. PART II. OTHER STOTIC PART III. OTHER STOTIC PART III	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS C AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 Iffy that (I) (this hos deceased alive an E S O B O B O N 23b. DATE THI	TO (b) TO (c) ONTRIBUTING 1 205. DE 20d. In While of work pital) attended FALT,	SCRIBE HOW INJURY OCCUINURY OCCURRED 20 A Down of the deceased from 1966, and the dece	e. PLACE OF INJURY (Home, for foctory, street, office bldg., et al., attending M.D. ATTENDING M.D. ATTENDING MED 1 C.	n Port I or Port II o	of item 18.) ty or town) 9/9 om causes STAFF PHYS.	and an th	19. YES	(Sint (I) (wastated)	PSY D? NO ve) II abov
nse to immedia stoting the und last. PART II. OTHER STOTE S	IMMEDIATE CAUSE DUE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS C AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	TO (b) TO (c) ONTRIBUTING 1 205. DE 20d. In While of work pital) attended FALT,	SCRIBE HOW INJURY OCCUINURY OCCURRED 20 Not While of work ded the deceased from 1966, and 23c. NAME OF CEMETER	e. PLACE OF INJURY (Home, for foctory, street, office bldg., et al., at that death occurred of that death occurred of phys. ATTENDING PHYS. 22d. ADDRESS MEDIC.	n Port I or Port II or rm, 20f. (Cir 19-6, to 19-18-18-18-18-18-18-18-18-18-18-18-18-18-	of item 18.) ty or town) 9/9 om causes STAFF PHYS. R, SAND ON (City or Town)	and an th	onsti 19. YES onty) 4. thome date one date	(Sint (I) (wastated)	PSY D? NO D

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal and any event, within 72 hours after death

61621			12025
	elemine.		venimorany
		1 CONC. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	NEW YEATHER		THE SECTION AS DESCRIPTION
	11-11	A THE RESIDENCE OF THE PARTY OF	
	83 B-11-		
A Acres	Corazael		191-91000
	TIMESS WARDA		2011 1012/5
	Editorell Sac (us)		
57.12			
all launthof money	. State Danger	11110	
Spring, 16.		So Priends	-stag felast
		LOVE CONTRACTOR	Fernis H. Barber

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12920

CERTIFICATE	OF	DEATH

.	PLACE OF DEATH						Where deceosed lived, if in		nce before odmission)
	o. COUNTY MC	ntgomery		MARY	LAND	o. STATE Vire	inia b.	COUNTY Pri	nce William
	b. CITY OR TOWN (I	f outside corporate limit	S,	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If ou	tside corporote limits, writ		
	Bethesda	(rural)		29 days	S	Tria	ngle		83.2
	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital, g	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
	U. S. Nav	al Hospita	1, Beth	nesda, Mary	land	Box 152			ON A FARM? YES NO X
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Month	Day Year
L	(Type or print)	Joh	n Lorer	nz	G	LENN	OF DEATH S	eptembe:	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In year lost birthdo		YEAR IF UNDER 24 HRS. Doys Hours Min.
L	Male	Cauc.	WIDOWED	DIVORCED		Oct. 2, 190	6 59	(rs.	boys flours min.
	. USUAL OCCUPATION ring most of working I	(Give kind of work done its even if retired)		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign country)	12. CI	TIZEN OF WHAT
	U.S. Mari	ne Corps				Stanton,	Virginia		USA
13	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME		
	William					Elizabeth	Pratt	Charles	
1S (Y	. WAS DECEASED EVER es, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of WW II	of service)	SOCIAL SECURITY NO.		NFORMANT		Address	
	Yes	WW 11	2:	23 38 2297	Mr	s. Jean Gle	nn, Box 152	, Trian	gle, Va.
		ATH (Enter only one cau H WAS CAUSED BY:			-				INTERVAL BETWEEN ONSET AND DEATH
	TAKI I. DEAI	IMMEDIATE CAUSE	(o) Pulm	onary Arte	ry E	mbolus			ONSET AND DEATH
	Candisiana if ann	DUE	10						
	Conditions, if ony, rise to immediate	couse (n)	(b)						
	stoting the under	lying couse DUE							
	lost.)	(c)						
NO	PAKT II. UTHER SIL	MIFICANT CONDITIONS C	ONIKIROLING I	O DEATH BUT NOT KELA	IED IO I	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0}	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20o. ACCIDENT WAS	IINDEDIVING [7]	Look pro	SCRIPE HOW MILITAN OCC	TUDDED /	rate and the same	2 1 2 1 1 6 2 1		YES K NO
FRI	OR CONTRIBUTING	CAUSE OF DEATH	205. 06:	SCKIBE HOW INJURY OCC	UKKEU. (enter noture of injury in a	Port I or Port II of item 1E	1.}	
	(IF EITHER, NOTIFY I		204 IN	IJURY OCCURRED	20 - DI A.C	F OF INITIDY /II	1 206 /6:4 4	-) //-	10
MEDICAL	Hour o.m	10	While of work	Not While		E OF INJURY (Home, form, ory, street, office bldg., etc.)	, 20f. (City or tow	n) (Co	unty) (Stote)
					ram. A	ug. 11	966 to Sept	. 9 196	56, that (we) las
	saw the de	ceased, alive an S	ept. 9	1966_, a	nd that	death accurred at_	650P M, fram cau	ses and an t	he date stated above
	220. SIGNATURE	111 .							ATE SIGNED
	XI	Varrs			M.D	. PHYS.	MED. STAFF PHYS.	E Sen	t. 10. 1966
	22c. PHYSICIAN'S NAME (Type)	J. E. DAY	/IS, LT	MC USN		U.S. Nav	al Hospital	de	, ,
230	. BURIAL, CREMATIO	N, 23b. DATE THE		23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATION (City of	or Town)	(County) (State)
	BUTTA (Specify)	9/13	/66	Arlington	Nati	onal Cemete	ry, Arlingt		1 11
	. FUNERAL DIRECTOR			ADDRESS		2So. REC'D	BY REGISTRAR 25b	. REGISTRAR'S S	IGNATURE
Cu	nningham	Mountcast 1	e rune	cal Home, V			EP 14 1966	gelia	rley Judge
					gin:	a			1 1

Page 4 may be retained by the haspital ar attending pnysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chysician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages/1 and/2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after then TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

reled san't

ngrod entred d.U.

St. Sevel Bend The Street, Martines St. S. .

ngest

Marie, and and

SUM SI JOH

Was death Domin. But I Will Bright La.

SEALS TO ME TO SEAL TO

The state of the s

. W. Arlington Tett con Cemerery, Arlington, W.

	Items 18&			MARYLAND STATE ARCH AND RECORDS,		HEALTH TREET, BALTIMORE, MARY	AND 21201	
FOR STATE	1292:		MED	ICAL EXAMINER	S CERTIFICATE	OF DEATH	2921	
HEALTH DEPT.	PLACE OF DEATH	ery		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where deceased lived, if institute b. COU Montgomer	YTY	on)
f any delay is 1, 2, and 3 ta im PM3. Page Department of rs after death	b. CITY OR TOWN TAKE PURAL	(If outside corporate limit ad give neorest town)	S,	C. LENGTH OF STAY IN 16		f outside corporate limits, write RU	AL and give neorest town)	
0.0		ITAL OR INSTITUTION (If n		give street oddress)	d. STREET ADDRESS		e IS RESII ON A F YES	DENCE ARM? NO
Par Par With With	3. NAME OF DECEASED (Type or print)	on Sanitariy	im and otho	Middle	sborough	4. DATE Mont OF DEATH SON		or 6.6
rs after d 18. Give e alang v 2 with th	s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12/29/18	9. AGE (In years	IF UNDER 1 YEAR IF UNDER Months Doys Hours	Min.
	10o. USUAL OCCUPATION during most-of-working	N (Give kind of work done gifte even if refixed)	10b. KI IN	nd of Business or Dustry Transports	11. BIRTHPLACE (S	nardtown, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	A.
d within 24 pencil in Examiner's File pages and in any	13. FATHER'S NAME	Goldsboron	gh		14. MOTHER'S MAID Fannie R	ussell		
		(If yes give war or dates of None	of service) 16.	SOCIAL SECURITY NO. 1	Mr. Etned. 1	Manuel 8614 (garlend Ave.	
the shauld the ward d ta the Ch a burial-tro		ite cause (o),	(a) Per 10 (b) Wit	rforation, g	is	ic-peptic ulce	INTERVAL BET	
s certificate e, writing th farwarded to used as a b	PART II. OTHER	SIGNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED T		CONDITION GIVEN IN PART I(a)	19. WAS AUTO	OPSY NED?
Thi ificat I be	20o. EXTERNAL C PRIMARY Or C CAUSE OF DEATH	ONTRIBUTING 🖂	20b. DE	SCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury	in Port I or Port II of item 18.)		
Na 名音の音	Hour o	JURY Month, Doy, Yeor .m. 19	20d. IN While of wark	Not While	PLACE OF INJURY (Home, octory, street, office bldg.,		(County) ((Stote)
MEDICAL MEDICAL please exert director. Pretained fair DIRECTOR is designat	21. I certi deoth resu ACTUAL SIGNATURE			nains described above, Accident , S	uicide, Homic CHIEF MEDI M.D. ASSISTANT	ide, Undetermined m CAL EXAMINER MEDICAL EXAMINER	22. DATE	SIGNED
o DEPUTY, necessary, the funeral 5 may be o FUNERAL Health ar i	EXAMINER'S NAME (Type)	BELDE	V/K	REAP, 1	1, P Galdiess &		-29-196	
To The Head	230. BURIAL, CREMAT REMOVAL (Specie Burial	у)		23c. NAME OF GEMETERY (n Cemetery		es Co., Md.	tote)
VR A15ME (5)	John B. D Warner E	romas Jok	n BJkon	Nas8434 Georges Silver Sp	gia Ave. 25a. R		Clarles Judg	e.

18881 altitude community of the East

. Continue bound of the standard of the standa

Heolth ar its designated ogent, prior to buriol, cremation, or removal, and in any event within 72 haurs ofter death.

O DEPUTY MESTAL EXAMINER: This certificate shaving be executed writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of TO DEPUTY MERIAL EXAMINER: This certificate should be executed within 24 hours after death If

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		2000
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
1	o. COUNTY MARYLAND	Michigan b. COUNTY Kent
1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest tawn)
	write RURAL and give neerest town D.O.A.	0 1 0 1
4	Jakomarak	Grand Rapids
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS N. 8 e. IS RESIDENCE ON A FARM?
	Wash San + Hospital	1/2/ Drooky ew Dr. YES NO B
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) Ida Elizabeth	Good DEATH 9 / 1966
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	
	Female White WIDOWED B DIVORCED 1/	4/6-1875 Plast birthdoy) Months Doys Hours Min.
	Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	Tilisamsin Country? of A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	7 511. 0 0 10.	G' 1 - B (1) -
-	William J Owen	Dianey D. GIDDS
	(Yes, no or unknown) (If yes give war or dates of service)	NFORMANT Milchigan , Address Grand Rapids,
	No None yes	irs Ruth De Vies (Daugher)
F	18. CAUSE OF DEATH (Enter only one couse per line Jon (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	200 ary Sagar Office on SET AND DEATH
	DUE TO OF A S	a state of the sta
	Conditions if any which gave	onto Uklas W Odlisanto
	rise to immediate couse (o),	no ac mary wrages.
	storing the underlying couse	
	(7)	Lo Muc Allypey
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
	Name of the state	YES NO
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF GRATH	Enter nature of injury in Port I or Port II of item 18.)
	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, form, 2Df. (City or town) (County) (Stote)
	Hour o.m. While Not While foctor	ory, street, office bldg., etc.)
1	OTWORK - OTWORK -	
1	21. I certify that Jook charge of the remains described above, hel	
- 1	death resulted from: Natural causes Accident , Suici	
	ACTUAL A COLLEGE OF A	CHIEF MEDICAL EXAMINER
	SIGNATURE SELECTION SELECTION	_M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S PARA IN COMPANY	DEPUTY MEDICAL EXAMINER & SOLF 1 1911
1	NAME (Type) /26 LDEN / / / / / / / / / / / / / / / / / / /	Address (Sheefferty, Townsor county)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMELERY OR C	REMATORY 23d. LOCATION (City or Town) (County) (Stote)
	Burial Sept. 5. 1966 Concord Cemete	ery Meoga, Illinois
1	24. FUNERAL DIRECTOR CLAIR E. WI STOCKESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1	Clarke Clisse 8434 Georgi	A AUE SEP 7 1966 Acharles Judge
L	Warner E. Pumphrey Inc. Silver Spri	NG MA WAIL SEL 1900 June 1900

SSC 21 - 41 Su parent obtained be annoted by market and the second secon

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

campletely filled in by the funeral ave carban papers. Pages 1 and 2 y event, within 72 haurs after death.

remave

lease

attending p

the

TO FUNERAL DIRECTOR: After this certificate has been

signed by the attendir burial-transit permit. burial, crematian, ar re

far use as the k Health priar tab

detached f te Dept. af l

be de State

3 shauld to with the S

director, page 3 shauld be filed w

VR A15 (4)

20 M 1/66

=

remava en

24 hours after death.

executed within

pe

PHYSICIAN: The law requires that the death certificate

attending physician.

by the haspital ar

O HOSPITAL OR ATTENDING

Page 4 may be retained

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o COUNTY MARYLAND MONTGOMERY Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b write RURAL and give nearest town) Be the sda Be thesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6613 Elgin Lane 6613 Elgin Lane NO X YES 3. NAME OF Middle 4. DATE Month Day Year First Lost DECEASED OF September 29 66 Ashlev 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED Josty birthdoy) White 18.1889 Apr. Female DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) Housewife Mass. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Carrie L. Morse Davis Ashlev IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Husband (Yes, no, or unknown) (If yes give wor or dotes of service Same as Item 2. 215-46-0673 Anthony R. Gould No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) Hour o.m. at work ot work 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 9 19 Ga and that death accurred at 7 20 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 10-1-66 Cedar Hill Crematory Suitland, Maryland Cremation 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Bethesda, Maryland Robert A. Pumphr ey DATE

12923 No. .. DESERVE AVE Carto T. W. SZTINU . Payan Add text 21 seng-0675 Tribune II. Cont. 224 5 5 1 (term 2).

Pages 1

Then please remove carbon papers. within 72 haurs after death

After this certificate has been signed by the attending physician and campletely filled

permit.

remayal,

the registrar priar to burial, cremation, ar

requires that the death certificate be executed within 24

TENDING PHYSICIAN: The e haspital ar attending

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4	5 2	10	()	3
4	2	3	6	4

= 12-30		CEKTIFICA	ATE OF DEAT			Reg. Dist. No.	Tan
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Virgi		If institution. COUNTY	n: Residence befor	
b. CITY OR TOWN (RURAL and give n Pooles V	If outside corporate limits, we earest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		nits, write RU	RAL and give nea	irest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Thomas F	ranklin Greer	Lost	4. DATE OF DEATH	Monti		,
5. SEX Male	V1771 + 4	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Mar. 7-1890	lost	birthdoy)	Months Days	Hours Min
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDU	North Ca			12. CITIZEN OF	WHATCOUNTE
13. FATHER'S NAME Rile:	y Greer		14. MOTHER'S MAIDEN Unknown				
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Mrs Dora Gr	eer, Poole	Addre		. Md
	mmediate Dus TO	per line for (o), (b), and (c).]	otic Hea	rt Di	S` (4 5 ¢	ONS	RVAL BETWEEN ET AND DEATH CAYS
El Pulmi	-	hysema	NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVE	N IN PART 1(o)	9. WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTING	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of it	tem 18.)		
YOUR HOUR OF INJUING HOUR O. m. p. m.	10 W		ACE OF INJURY (Home, for ctory, street, office bldg., et		n)	(County)	(Sto
21. I certify the alive an 2	and I oftended the dec	11	accurred at 1145	M, fram the co ADDRESS (Street, ci Ville, Md	auses and		

page 3 shauld be detached far use as the burial-transit TO HOSPITAL OR A may be retained
TO FUNERAL DIRE VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF 9/28/66 9/28/66

22c. NAME OF CEMETERY OR CREMATORY Macedonia Church ADDRESS

Barnesville, Md

Chilhowie, Virginia REGISTRAR 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE

22d. LOCATION (City, town, or county)

(Stote)

Sin estable Deligning with the last of the control of the contr A DOMESTIC OF THE PARTY OF THE The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before accounts)

1.	PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE
	Montgomery MARYLANO	a. STATE D. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bethesda	Washington
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIOENCE ON A FARM?
	Bethesda-Chevy Chase Nursing Home	5135 Mass. Ave., N.W. YES NO
3.	NAME DE DECEASED P + First D Middle	Last 4. DATE Month Day Year
	(Type or print) / U(h)	15 MER DEATH > -PT. 15 1966
5,	7. MARKIES M. MARKIES	B. OATE OF BIRTH 9. ACE (Id years IF UNDER 1 YEAR IF UNDER 24 HRS.
_	emale Caucasian wiooweo Divorceo	March 6, 1904 62 yrs.
l Oa dur	. USUAL OCCUPATION (Cive kind of work done 10b. KINO OF BUSINESS OR ing most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ousewife At Home	West Virginia U.S.A.
	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
J	ohn Percivl	Dorothy Goff
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
3.1		ank C. Grismer, Husb., Same as #2
Ì	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCH	OPheumonia Withres
	OUE TO O	Chalas District
u	Conditions, if any, which) PAGRECSIVE	Cely & DR21 Vegeneration 5 /RS
	gave rise to immediate cause (a), stating the OUE TO	
Н	underlying cause last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CA		YES NO NO
CERTIF	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury in Part I or Part II of Item 18.)
AL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EOIC	while mot while	ry, street, office bldg., etc.)
Σ	p.m. 19 at work at work	ept 24 19/de, to Sept 25 , 19/de, that (1) (m) last
	21. I certify that (I) (this hospital) attended the deceased from Seaw the deceased alive on Sea 19/06, and that	death occurred at 20 AM, from the causes and on the date stated above.
	22a. SICNA) URE	22b. OATE SIGNEO
	Platon V ETTIMA Do- M.O	ATTENOINC MEO. OIRECTOR D STAFF D Sept 25 1966
	22c. PHYSICIAN'S D. J. D. T.	22d. AOORESS \ / / + 00 . A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NAME (Type) Pey Ton R. Evans & F.	1 5401 West ERY Ave Wash De wis
232		OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 9/28/66 Arlington N	at Cem Arlungton Virginia
24	. FUNERAL OIRECTOR AOORESS	25a. REC'O BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
6	Joseph Gawler's Sons, Washington,	D.C. DATE OCT 5 1966 Harley Judge

VR A15 (4) 20M 1/65

12021 The state of the s attended to the state of the st Taging of Changes type and the company of the compa The teach section of the following the section of the contract of the contract

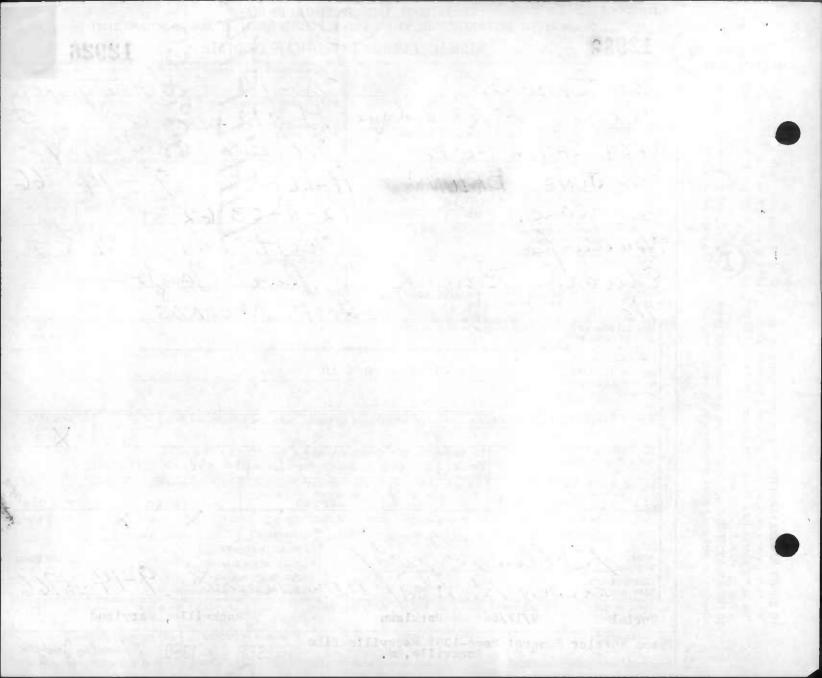
Rockville, Md.

250 REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Marley

Tyson wheeler Funeral Home-1331 ADARESS kville Pike VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND MONIGON ERY IARY and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) þ write RURAL and give nearest town) .= ETHESD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRA e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Day paper DECEASED OF (Type or print) ERCY DEATH PIEMBER 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRED B. DATE OF BIRTH 7 MARRIED last birthday) and car WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician гетоме BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding LOVISE pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or dates of service) MOTHER SAME 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificat 95 NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... OI , and that death occured at. U saw the deceased alive on.... .A.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATUR SIGNED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 M.D. page 22d. 22c. PHYSICIAN'S NAME (Type) filed v 23a. BURIAL, CREMATION, 23b. / DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City .town or county) のきる MORIAL H 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4)

A --The same party of the same of THE RESERVE OF THE SECOND STREET STREET CANTE IN LESS TOP TO THE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12928

	76094	CERTIFICATE	DLAIII	16368			
unerol 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY Montgomery		usual residence (Where deceased lived, if o. STATE Maryland	institution: Residence before admission) b. COUNTY Montgomery			
n by the funs. Pages 1 hours after (b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Bethesda		CITY OR TOWN (If autside corporate limits, w Bethesda	15 - 1			
filled in b papers. thin 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	, 5		e. IS RESIDENCE ON A FARM? YES NO X			
campletely fi ove carbon y event, with	3. NAME OF DECEASED (Type or print) BEATRICE		DUNIII				
camp 10 ve	s. SEX 6. COLOR OR RACE 7. MARK Female White WIDOW	WED DIVORCED DCt	. 23, 1884 81 birth	day) Manths Days Haurs Min.			
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) Housewife	INDUSTRY	Canada	12. CITIZEN OF WHAT COUNTRY? U. S.			
signed by the attending physicion burial-transit permit. Then please burial, cremation, ar removal and	13. FATHER'S NAME Edward Ermatingter	r	Jnknown				
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)			Same as Item 2.			
by the a fransit pe crematia	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ESPIRATORY ARREST INTERVAL BETWEEN ONSET AND DEATH OWN THE FORM ON THE FO						
signed b burial-tra burial, cr	Canditions, if any, which gave is a immediate cause (a), (b) EMPHYSEMA AND COR PULMOUNLE 20 YEARS						
been si the bi or to bi	stating the underlying cause last. (c)						
ficote hos been s far use os the E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT		PERFORMED? YES NO				
ertifico ned far t. of He	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (Enter	r noture of injury in Part I or Part II af item	1B.)			
road Puneral Directors of this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	Haur a.m. 19 a	While Nat While factory, s	street, office bldg., etc.)				
OR: Afte	saw the deceased alive on	ttended the deceased fram 1966, and that de	ath accurred at A. M., fram a	auses and an the date stated above.			
OIRECT OIRECT of with	22a. SIGNATURE		STREET ADDRESS 6 STREST ADDRESS 5800 Johnson Avenue Type On a Fa F	1 6 Sept 1966			
IERAL I		CONNOR	Bethesda,	Maryland			
direct shoul	230. BURIAL, CREMATION, BURIAL (Specify) 23b. DATE THEREOF 9-8-66	Parklawn Ceme	tery Rockvi	ille, Maryland			
VR A15 (4) 20 M 1/66	ROBERT A. PUMPHREY,	Bethesda, Mary	O. C. D.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

Page 4 may be retoined by the hospitol or ottending physician.

12925		AERSI
		Ø D 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		A riberral code
, , , , , ,		
	48 <u>42</u> , 22 , p. 41	
a		9.2(2.00)
	a femal .7 keroso	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1	CERTIFICATE	OF DEATH	129	29
	PLACE OF DEATH, O. COUNTY	UNTGOMER & MARYLAND	o. STATE	e desgosed lived, if institution: Reside b. COUNTY	•
	o. CITY OR TOWN (If outside corporate lim writer BURAL and give nearest town) ENSINETO M		WAST	e corporate limits, write RURAL and g	4713
(H. MAME OF HOSPITAL OR INSTITUTION (IF	DANTTARTUM.	d. STREET ADDRESS	5. AVE. N.E	e. IS RESIDENCE ON A FARM? YES NO
0	171	A	ANLEIN	OF SEPTENBER	Day Year 5 19 66
S. S	F. W	7. MARRIED NEVER MÅRRIED S WIDOWED DIVORCED	Date of BIRTH Dat. 13-1885	9. AGE (In yeors IF UNDE last birthdoy) Months	Doys Hours Min.
duen	USUAL OCCUPATION/Give kind of work doning most of working lite, even if cetingly	10b. KIND OF BUSINESS OR INDUSTRY STORE.	11. BIRTHPLACE (County & Sto	ite, or foreign country) 12.	COUNTY S' FT .
13.	FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES	AR,	14. MOTHER'S MAIDEN NAME	TE MARK	A
(Yes	s, no, or unknown) (If yes give wor or dote	s of service)	PRRY HANLE	IN TAKOM	TLTON HVE
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSED ON	ADT-DIRON - DAT	IC HEART	DISEASE	ONSET AND DEATH
	Conditions, if ony, which gove	(b) ESSENTIAL H JE TO (c) GENERALIZED		selerosis	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T		ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
1 CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	9 While Not While foctor	E OF INJURY (Home, form, pry, street, office bldg., etc.)		County) (State)
	saw the deceased alive an_	ospital) attended the deceased fram 1 SEPT 5 1966, and that	t death accurred at(2;		the date stated above
	22c PHYSICIAN'S	, Louden M.	D. ATTENDING MED PHYS. DIRE 22d. ADDRESS 52	STAFF -	DATE SIGNED PT. 5. 1966
230.	NAME (Type) BURIAL XREMATION, 23b. DATE 1	THEREOF 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town)	(County) (State))
24.	REMOVAL (Specify)	18-1966 Messagter	250. REC'D BY	REGISTRAR 25b. REGISTRARS	SIGNATURE

966

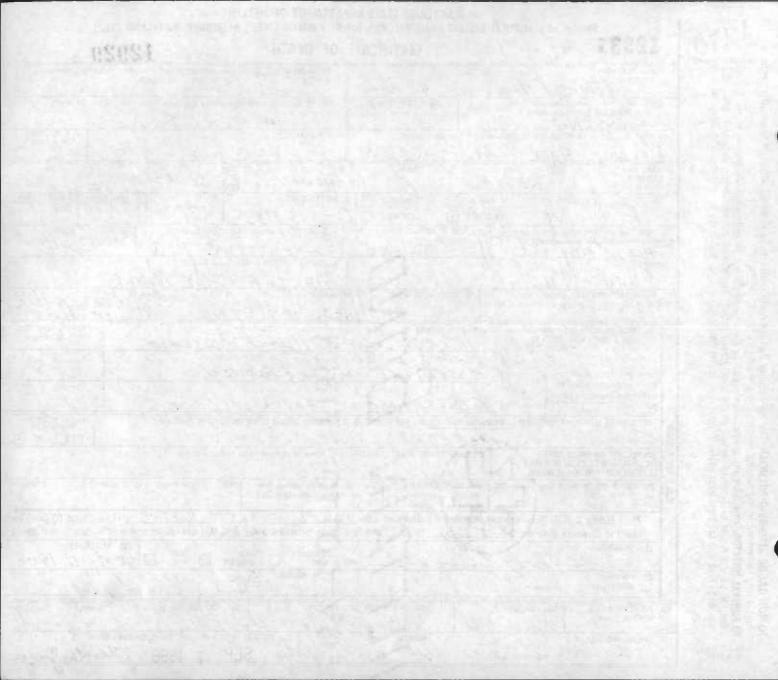
sician and campletely filled in by the funeral blease remave carban papers. Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending blysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Therefolease remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEA	тн		2. USUAL RESIDENCE	CE (Where deceased lived, If institution b. COUNTY	n: Residence before admission)
Montg	omery	MARYLAND	1 11		Georges
b. CITY DR TO	OWN (if outside corporate lim AL and give nearest town)			f outside corporate limits, write RUF	RAL and give nearest town)
Bethe		One day	Suitland	d	16.7
		if not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clini	cal Center, Be	ethesda, Maryland	5027 Sui	tland Road, S.E.	YES NO X
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print			Hanshew	DEATH September	13 19 66
5. SEX		MARRIED XX NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years LIF UND	DER 1 YEAR HE UNDER 24 HRS.
Male		WIDOWED DIVORCED	11 July 190	7 last birthday) Month 59 yrs.	ns Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work done orking life, even if retired)	e 10b. KIND OF BUSINESS OR			CITIZEN OF WHAT
Carpen		Construction	West Vir	ginia	U.S.A.
13. FATHER'S NA		001130240022011	14. MOTHER'S MAID		U. S. M.
John W.	Hanshew		Mary Cox		
15. WAS DECEASE	DEVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 1			
(Yes, no, or unkown)) (If yes give war or dates of service	vice)	ine n	Medical Records,	
Yes	WWII, 1942-1		The Clinica	al Center, Bethesd	
		nuse per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PARI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Massive pulmona	ry embolism		3 days
4.5	DUE TO				
	f any, which) (b)				
	o immediate (
cause (a), underlying car	stating the				
		CONTRIBUTING TO DEATH BUT NOT F	ELATED TO THE TERMINAL [DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
AT 14.1		0	LATED TO THE TERMINAL	/ISCASE GONDITION GIVES IN THE	PERFORMED?
E MULTI	iple myeloma	2 years			YES X NO
PARTII. OTHER Mult: 20a. ACCIDEN DR CONTRIBU (IF EITHER, N	IT WAS UNDERLYING THE ITING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of	f injury in Part I or Part II of item	18.)
N 20c. TIME OF	F INJURY Month, Day, Year		LACE OF INJURY (Home, fa	arm, 20f. (City or town) (0	County) (State)
20c. TIME OF Hour a		Willie - Hot Wille -	ctory, street, office bldg., el	tc.)	
	p.m. 19	at work at work	0 4 10		
				9 66, to Sept. 13 19	
saw the d	eceased alive on Sep	t. 13 19 66 , and t	nat death occurred all	0:35M, from the causes and or	n the date stated above.
22a./\$1GNAT				MED. STAFF 22b.	DATE SIGNED
/nor		Munst	M.D. PHYS.	DIRECTOR LY PHYS. LX Sep	ot. 13, 1966
22c. PHYSIC NAME ((Tyne)		22d. ADDRESS T	The Clinical Cente	er, National
	Norman S. L.	Lichtenstein, M.D.	Institutes	s of Health, Bethe	sda, Maryland
23a. BURIAL, CRE	EMATION, 23b. DATE THERE	REOF 23c. NAME OF CEMETE		23d. LOCATION (City, town or	
REMOVAL (S Burial	Sept. 16	. 1966 Wallace &	Wallace Cemet	tery Clintoville,	W Va
24. FUNERAL DIE	RECTOR Wilhelm Fu	uneral Home	25a. REC	C'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
4308 Sui		tland, Maryland	DATE C	SEP 19 1956 gol	iarles Judge
7777 7.64	PTOTIM TIME THEY	CAGING I MAN JACKING		A I I I I I I I I I I I I I I I I I I I	

VR #15 (4) 20M 1/65

well policy fuel.

Time Clinical Canter, Setherda, Heryland .- Seif Buitland Rond, St. L.

Clifford Egra damadow Septembor 15

ofin simi

Carpenter

Constant Pency

Jone T. Hanghow

Yary Cox

The Medical Rocords.

Yes _ WILLISTENS TM-01-1048 The Clinical Center, Derinsda, Squistand

and Lodge radually avieted

X Sept. 15 66 Compared 40:35 Sept. 15 66 Name

Borgan E. Mantenting C.D. Institutes of Health, Netherold, Veryland

the state of the s

The Clinical Center, Mational

de x suct. 15, 1956

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		0 21.1111011.		-	
1. PLACE OF DEA	TH		2. USUAL RESIDENC	£ (Where deceased lived, If institution b. COUNTY	n: Residence before admission)
/	Montgomer	W MARYLAND		aware	
b. CITY OR TO write RUR/	WN (if outside corporate link) AL and give nearest town)		c. CITY OR TOWN (If	outside corporate limits, write RU	RAL and give nearest town)
Bet	hesda.	42 Days	Dover		46.13
		f not in hospital, give street address			e. IS RESIDENCE ON A FARM?
	ical Center, F	Bethesda, Maryland	121 Hazel		YES NO V
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print	0 0000	Archie	Harman	DEATH September	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUN Mont)	DER I YEAR IF UNDER 24 HRS.
Male	HILL OC	VIDOWED DIVORCED	5 September	1904 61 yrs. 11	26
10a. USUAL OCCUP during most of wo	ATION (Give kind of work done rking life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12	COUNTRY?
Fuel Oil	Dealer		West V	irginia	USA
13. FATHER'S NA	ME		14. MOTHER'S MAID	EN NAME	
Th	addeus S. Harm	an		enrietta Crites	
15. WAS DECEASE (Yes, no, or unkown	D EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT The M	ledical Records	
No		Not Apadinte	The Clinical	Center. Bethesda	Maryland
18. CAUSE D	F DEATH [Enter only one ca	use per line for (a), (b), and (c).]			I INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Hypotension			ONSET AND DEATH
17.12.11	DUE TO				
Cenditions, I	f any, which (b)	Pulmonary emboli			1 month
gave rise t	o immediate (ruzmonary emocra			
cause (a), underlying ca	Prating the	Muscular dystrophy	7		6 years
		CONTRIBUTING TO DEATH BUT NOT REL		IS FASE CONDITION GIVEN IN PART I	
PART II. OTHE OR CONTRIBU (IF EITHER, N 20c. TIME 0 Hour	A SIGNII IOANI CONDITIONS	JOHN I DO HOT WELL	ALED TO THE TERMINAL D	13 EAGE CONDITION GIVEN INTO ANT A	PERFORMED? YES NO
20a. ACCIDEN	T WAS UNDERLYING THE	2Db. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	Injury in Part I or Part II of Item	18.)
S (IF EITHER, N	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
20c. TIME 0	FINJURY Month, Day, Year	fact	ACE OF INJURY (Home, factory, street, office bldg., et		(County) (State)
N HOUT	p.m. 19	While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	tify that (A) (this hospital) attended the deceased from	21 July 19	66 to 1 Sept. 19	66, that XIX (we) last
		otember 19 66, and the			
22a. SIGNAT			A	.M. 22b.	DATE SIGNED
1 126	best C. 13	w delan		MED. STAFF X 1 S	September 1966
22c. PHYSIC		4		e Clinical Center	. National
NAME	Robert C.	. Griggs, M.D.	Institute	s of Health, Beth	nesda. Md.
23a. BURIAL, CR	EMATION, 23b. DATE THEF	REOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or	
Bur-tran	Specify) 9/2/1966	Lakeside Cer	netery	Dover, I	DELAWARE
24. FUNERAL DI		ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTE	
Robert A	. Pumphrey	Bethesda, Mary	land DATE S	EP 6 1966 gcu	arley Judge

	ourselful.			- Company		
	7310		67007, 44		abound	eG .
	tions Issue	E TAT	elde, Merghand	midst canon	ed lanks	ing GI4
60 Totalisado		47.34	alson			
31 11	19 40EL and	andqe8 c			J.M.	ofer
Ast Electric	aluighty on				reinol i	IO Inco
	Neurickia and Indical Has deal Canter, D		elosites, in	narrag .	enethed	1
ayen s			aukonjo	got		
diagon I			Llodes Creves	dri.		
ermey o			derrand destrook	0001		
el redmardes fix	11:55 =.0. - The Wilminson		20 11 100			
A SECRETARY MO.			D HEIRERALL			
	Control of Sale					

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12938	CERTIFICATE	OF DEATH		123	32
	PLACE OF DEATH a. COUNTY MONTANA	2 MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived, if institution b. COUN'		fare admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	a 34/2 his	Bow	e carparate limits, write RUR/	AL ond give nea	irest tawn)
	d. NAME OF HOSPITAL OF INSTITUTION (IF not in the	aspital	12908 ble	enerdales	fine	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Frank///	V P. Middle H	ARRY	DATE Month OF G DEATH	- 5	19 66
Z	NALE White w	IDOWED DIVORCED 4	DATE OF BIRTH /86	9. AGE (In years last birthday) yrs.	Manths Days	s Hours Min.
dur	USUAL OCCUPATION (Give kind of work dane ing most of working life even if retired) FATHER'S NAME	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	and.	12. CITIZEN COUNTRY	
	Charles Q. Harn	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	May E. S.	Trimes!	-1/-	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no on unknown) (If yes give war ar dates at serv		FORMANT HAZ	4 1300 Le	maryle	Mach
	IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).)	rostale c	milestan		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave nise to immediate cause (a), DUE TO	Paralytic il	in .			
	last. (c)	Probably splen	in flefren	tumor	> 1	19. WAS AUTOPSY
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		HE TERMINAL DISEASE CONDITI			PERFORMED? YES NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (E				
MEDICA	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19	While at wark factor	OF INJURY (Home, farm, ry, street, affice bldg., etc.)	2Df. (City or tawn)	(Caunty)	(State)
	21. I certify that (I) (this haspital saw the deceased alive on) attended the deceased fram \geq 19 \leq 4, and that	death occurred at <u>12</u>	to SEPIS M, from couses a	ind an the do	
	220. SIGNATURE LAST CONTROL OF CO	unter M.D.	ATTENDING MED DIR	O. STAFF PHYS.	22b. DATE SIC	GNED 1966
00	NAME (Type) FIDEL J.	& UINTANA	8323 DRA			
	B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	234 NAME OF CEMITERY OF CE	Cain/	23d. LOCATION (City or Town	(Coun COUNTY HISTRAR'S SIGNATION	
24	BULLET F	where Fines	DATESEP	8 1966 20	larles	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

And the second of the second s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12039			CERTIFIC	CATE	OF DEA	TH			1293	3	
1		LACE OF DEATH COUNTY Montge	omery		MARYLA	ND	a. STATE M	ence (Wh	ere deceased l	ived, if instituti b. COUN		efare admission	1
1		CITY OR TOWN (If outside write RURAL and give of Bethesda (1	Rural)		ength of stay in 9 hrs 7 i			Laure	_	mits, write RUR	AL and give ne	16-2	
		. NAME OF HOSPITAL OR		naspital, give st	reet address)	1	d. STREET ADDI					e. IS RESIDE	M?
6		J. S. Naval	Hospital,				13018						10 se
y	D	IAME OF DECEASED Type ar print)	Laura		Middle Virgin	ia	Hartwi		4. DATE OF DEATH	Sept	. 6	Day Year	
	S. SI	EX 6. CO	LOR OR RACE 7. I	MARRIED	NEVER MARRIED		DATE OF BIRTH		. 1-	GE (In years	Manths Da	AR IF UNDER 2	
1	I	Female (Cauc w	IDOWED _	DIVORCED	S	ept. 6,			yrs.		9	Min.
1	10a. durin	USUAL OCCUPATION (Give Ing No Arthur Warking life, even	cind af work dane in if retired)	10b. KIND OF	BUSINESS OR		Bethes			nery, Me	COLINT	OF WHAT	ISA
	13.	FATHER'S NAME					14. MOTHER'S I	MAIDEN NA	ME				
	Ri	ichard C. He	artwig				Joy	ce Na	agel				
	1S. (Yes	WAS DECEASED EVER IN U.S.	ARMED FORCES? give war poddates of serv	ice) 16. SOCIAI	L SECURITY NO.		· Richa		urel . Hartw	Addre	Little .	ie Road	
		Canditians, if any, which rise to immediate caus stating the underlying last.	MMEDIATE CAUSE (a)	Pren	ventricu naturity							ONSET AND DEA	
	ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTR	BUTING TO DEA	ATH BUT NOT RELATE	D TO TH	IE TERMINAL DISE	EASE CONDI	TION GIVEN IN	PART I(a)		PERFORMED YES NO	?
	CERT	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	205. DESCRIBI	HOW INJURY OCCU	IRRED. (E	nter nature af i	njury in Par	rt I ar Part II o	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Mo Haur a.m. p.m.	19	20d. INJURY While at wark	Nat While at wark	facta	OF INJURY (Harry, street, affice b	ldg., etc.)		ty or town)	(County)		ate)
		21. I certify the saw the decease	it (#) (this hospitaled alive an Se) attended to	the deceased from	am_S d that	ept. 6	, 19_ red at_5	66 , ta_ 05PM, fr	Sept. 6	ond an the	, that (斯 (wo date stated o	e) las above
		22a. SIGNATURE	41C	me	X	M.D.	4 411 31	☐ DI	ED. RECTOR	STAFF PHYS.	22b. DATE :	t. 1966	
		22c. PHYSICIAN'S NAME (Type)	J. I. LY	NCH, M.	D.		U.S.			tal, Be		, Md.	
		BURIAL, CREMATION, REMOVAL (SPECTY)	23b. DATE THEREOF 9-9-66		Arlingto	n Na	tional		Arlin	_	Virg		e)
	24.	FUNERAL DIRECTOR ${f R}$.	A. Pumphr	ey Fune	ranhress Ho	me			Y REGISTRAR		GISTRAR'S SIGNA		
		7557 Wiscon	sin Ave.,	Bethesd	a, Md.		DA	ATESEP	13 10	966	Charle	1 Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after deaf ACOCE

VR A15 (4) 20 M 1/66

12933				
	temal Inter		(Lenni)	
	pear willow the t		tergent in	M. W. IT
	Table Storage 40p)	a-tv		
	1 Sept. 6, 1966			
	Between Negligi			
	To milk motors		hive will .	Detroited
	utant .0 beanfall .10			
	and the state of the latest the latest terms of the latest terms o			
			A Transport	
The second second second		387		Territory (
sout Agent 6 has 15				
A ALAN ST . (A)	the statewest 10.07	, a. u., 90 xx	Community of the commun	
. nduturally hadm	erial limited of	anii sa	00-1-	Privat

MARYLAND STATE DEPARTMENT OF HEALTH

REUST 5.311.031 120 Stangard Voca tasked canned . 220 TELEPISION STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P

19095

199		16081		CEKII	FICATE	OF DEATH		regon	
nan la		PLACE OF DEATH b. COUNTY Montgome	rv	MAF	RYLAND	o. STATE	C.	UNTY	
90		o. CITY OR TOWN (If outside corporate	e limits.	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outs	side corporote limits, write R	URAL ond give no	eorest town)
		write RURAL and give nearest tow ROCKVILLE					ton	4	7-3
		H. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol,	give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
70		Potomac Valle	y Nursi			4703 War	ren Street		YES NO
		NAME OF DECEASED (Type or print) Jimmie	First Rus	Middle sell He	nders	Lost	OF Sept.	24,19	Day Year 66 19
	S.	SEX 6. COLOR OR RA				DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Do	EAR IF UNDER 24 HRS.
		F Cauc.	WIDOWED	DIVORCE	ED 🔲 J	une 22,18	73 93 yrs.		
	100	USUAL OCCUPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR	THE ST	11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZE	EN OF WHAT
	001	ng most of working life, even if retired)	"	IND OF BUSINESS OR IDUSTRY. Home		Athens,	Tenn.	COOIT	TRY? U.S.A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME		
		General Taylo	r Russe	11		Emma M	avfield		
	15.	WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give wor or	RCES2 16	SOCIAL SECURITY NO.	17. IN	FORMANT	Add	dress	
		O (11 yes give word)			Mr	s. Louise	H. Mc Dou	cal.Sa	me as #2
		1B. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE	Y: /	(a) (b), and (c).)	live	Heart 7	Pailure		INTERVAL BETWEEN ONSET AND DEATH
		C. Co. Tana Dishama	DUE TO	~ 0		O. trois	selerose		10 11001
		Conditions, if ony, which gove rise to immediate couse (o),	(b)	orona	ry	Crierie	Delerose	4	10 year
		stoting the underlying couse lost.	DUE TO					ne d	1379
		PART II. OTHER SIGNIFICANT CONDIT	(c)	TO DEATH BUT NOT PE	ELATED TO TH	IE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(a)		I 19 WAS AUTOPSY
1	NOL	Yan II. OHER SIGNIFICANT	ous contribution	1)	Tania	polorosi			19. WAS AUTOPSY PERFORMED? YES NO S
Y.	FIG	20o. ACCIDENT WAS UNDERLYING	ceracise	ESCRIRE HOW INJURY	OCCURRED (F		ort I or Port II of item IB.)		113 110
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	1	ESCHIBE HOT HISOH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	MEDICAL	20c. TIME OF INJURY Month, Doy,		NJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City or town)	(County	y) (Stote)
	MED	Hour o.m. p.m.	19 While	Not While	foctor	ry, street, office bldg., etc.)			
		21 certify that (I) (thi	s hospital) atter	ded the deceased	fram	ans/ 19	50 to Sep	124 1966	that (I) (we) la
		saw the deceased alive	an Sep	T18/1966,	and that	death accurred at	122-A M, fram cause	s and an the	date stated abov
		220. SIGNATURE	1 1.	1 /2-1	7	ATTENDING	WED. STAFF	22b. DATE	
		///	ober	Terkan	M.D.	PHYS.	DIRECTOR PHYS.	9/2	24/66
,		22c. PHYSICIAN'S		//	_	22d. ADDRESS			
			obert P	/	Ir.		52 nd Stre	~ ~	Wash, DC
	230		ATE THEREOF	23c. NAME OF CEN	AETERY OR CE	REMATORY	23d. LOCATION (City or		ounty) (Stote)
0	1	REMOVAL (Specify)	27/68	Cedar	Hill	Cem	Suitlan	d Md	NATURE .
OK	24 T	. FUNERAL DIRECTOR OS . Gawler's	Sons We	ADDRESS ASPINETON	n. D.		BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	
143	10	no. AGMTCT o	0110 9 110	1010001	- 7	DATE	~ / MAK /	Willen . O.	7

INTEREST

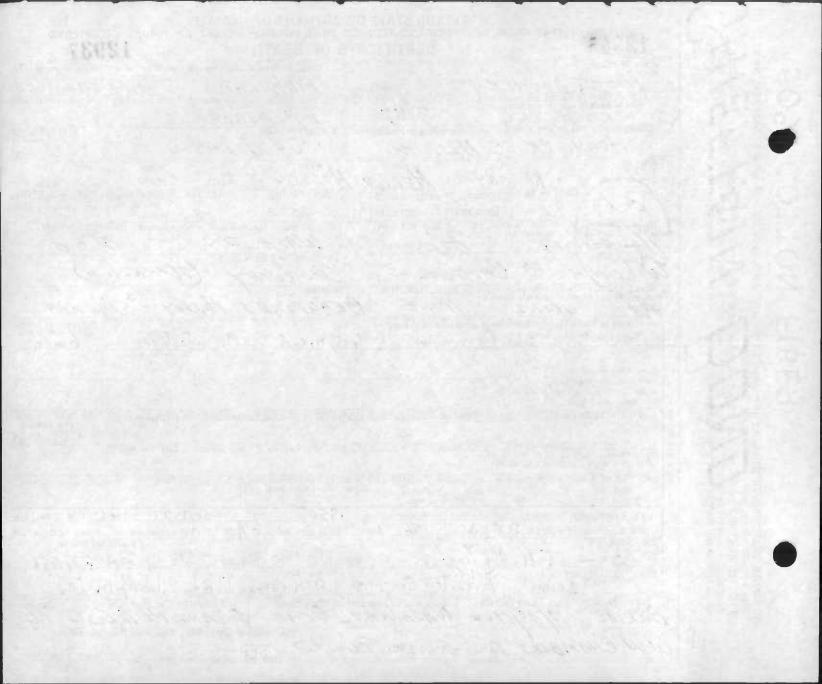
THE RELIGIOUS ASSESSMENT OF THE PROPERTY OF THE PARTY OF WYWELD THE THE DEPOSIT OF THE STATE OF THE STATE OF BUT I GAR YOU KNOWN IET I'M TOTAL UNDERHALL

語る TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please feeting carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12937

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	MONTBOMERY MARYLAND	a. STATE b. COUNTY MONTGOMERY
	b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) 512UER SPRING 3DAYS	11/16 2 13
-	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6, IS RESIDENCE
	1/2111 22 - 21	ON A FARM?
_	17029 CROSS HOSPITAL	1504 GLEASON ST YES NO NO
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) KATHRYN MEAVER	4/55E4 DEATH SEPT. 27 1966
5.	SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iaşt birthday) Months Days Hours Min
	F WIDDWED DIVORCED	4-25-21 Hours Min.
	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
Oni	Housewife, even if retired) INDUSTRY	WASH. DC COUNTRY?
13		14. MOTHER'S MAIDEN NAME
2	VILLIAM Q. CAMPBELL	DOROTHY (MAKNOWN)
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address
(Y	es, no, or unkown) (If yes give war or dates of service)	EAUGOD HHEER- ENGLES
	NO NONE MONE BY	cildions inilize / this us
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Carcinoma of let	it breast with melaslases 6 mos.
	DUE TD	
	Cenditions, If any, which (b)	
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT		PERFORMED? YES ND X
TE	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Part I or Part il of Item 18.)
CERTIFICATION	DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factor	y, street, office bldg., etc.)
M	p.m. 19 at work	
	21. I certify that (I) (this hospital) attended the deceased from	1956, 1900, to Sept 27, 1966, that (1) (we) last
		death occurred at AM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF
	se du voulerpes M.D.	PHYS. DIRECTOR PHYS. 1 Sept 2/1966
	22c. PHYSICIAN'S D + A D + T	22d. ADDRESS
	Bennel Hitorler, Jr., M.D.	9301 Colesville Rd., Silverdering, Md.
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	BURIAL 1/20/11/06 00 424 10416	- CEM DUITIAND KD- PROZOCO; PAD
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
/	11 W CHAMBERS THE - 7/1 IND TOPI	DATE SFP 29 1966 Ollianley Indae

VR AI5 (4) 20M I/65



ong with farm

This certificate shauld be executed within 24 hours after death.

.⊆

pencil

ward "pending" in pencil in the Chief Medical Examiner's

Page 4 shauld be farwarded to

the funeral director.

the certificate,

AL EXAMINER:

72 hours

within

event

any

= File ond

or remayal

cremotion,

0 pe

Health or its designated agent, prior FUNERAL DIRECTOR: Page 3 should

burial-transit

0

0.5 burial, used

pages

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER

c. LENGTH OF STAY IN 1b

Middle

NEVER MARRIED

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO

INDUSTRY Own Home

ues

DIVORCED

'S CERTIFICATE OF	DEATH	12938
o. STATE Mary/c	and b. coun	Monlgomery
d. SITY OR TOWN (N outsi	de corporate limits, write RUR MOOR Drive	RAL and give newest town) e IS RESIDENCE ON A FARM? YES \(\sqrt{N} \) \(\sqrt{N} \) \(\sqrt{N} \)
HOLMES	4 DATE Monti	A
8. DATE OF BIRTH 2-25-8/	9. AGE (In years last birthdoy) 85 yrs.	IF UNDER 1 YEAR
North Car	foreign country)	12 CITIZEN OF WHAT COUNTRY?
Sarah Wi	Tev	
7. INFORMANT Jeanne	Overton (Sam	e as above # 2)
of one	(INTERVAL BETWEEN ONSET AND DEATH
your O	of alex	20 621
gocodi	I olive	Jan Jan
TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)	19. WAS AUTOPSY

during most of working life, even if retired) 13. FATHER'S NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, por or unknown) (If yes give wor or dotes of service) None CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. CERTIFICATION 20o. EXTERNAL CAUSE WAS

(If ourside corporate limits

weite RURAL and give negrest town)

10o. USUAL OCCUPATION (Give kind of work done

12944

PLACE OF DEATH o COUNTY

NAME OF

DECEASED

Type or print)

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

(County)

death resulted fram:

FUNERAL DIRECTOR

CAUSE OF DEATH

PRIMARY Or CONTRIBUTING

20c. TIME OF INJURY Month, Day, Year

Not While of work

MARRIED

WIDOWED

21. I certify that I taak charge of the remains described above, held an Autopsy

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

Inspection 🔽 Inquiry

Undetermined manner

and in my apinian

(Stote)

PERFORMED?

ACTUAL SIGNATURE EXAMINER'S

Natural causes

(Address (Street, city, town, or county)

Suicide

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Homicide

CHIEF MEDICAL EXAMINER

22. DATE SIGNED

NAME (Type) 230. BURIAL, CREMATION, Burial (Specify)

Rock

23d. LOCATION (City or Town)

(County) (Stote)

VR A15ME (5) 6M 1/66

50

may

2Sa. REC'D BY REGISTRAR

Accident

2Sb. REGISTRAR'S SIGNATURE

KBEST THE THE PROPERTY OF THE PARTY OF THE P

And the property of the proper

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE DF DEAT a. COUNTY	Н			1		NCE (Where	e deceased lived, If in		sidence b	sefore ad	lmissiom)
	a. ocomii	Montgomer	W.	MARYLA	ND	a. STATE We	st Vi	rginia b. cou	NIT Gree	enbr	ier	
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside	corporate limits, w	rite RURAL	and give	neares	t town)
		ethesda		Days		Roncev				5	5-	31
Λ	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in	n hospital, give street add	ress)	d. STREET ADDRES	SS			е.	IS RES	IDENCE FARM?
		cal Center				P.O.	Box 36	61		YE		NO X
	NAME DF DECEASED		rst	Middle		Last	4. DA	TÊ Mon	th	Day	Yea	ar
	(Type or print)	John		David		Houchins		ATH Septemb	er	7	19	66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	3 8	. DATE OF BIRTH		9. ACE (In years last birthday)	LIF LINDER 1		Hours	R 24 HRS.
M	ale	White	WIDOW	ED DIVORCED		18 October	1907	58 yrs.	Monuis	Jays	DOMES	IMINT.
10a.	USUAL OCCUPAT	ION (Give kind of work)	ione 10b	NOUSTRY OF BUSINESS OR		11. BIRTHPLACE	(County & S	tate, or foreign countr		IZEN OF	WHAT	
	Clerk		'			West	Virgi	inia		ISA		
13.	FATHER'S NAM	IE				14. MOTHER'S MA	AIDEN NAM	E				
	Do	nald J. Hou	chins	3			Mary	Hannah Fo	glesor	ng		
15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1 1	16. SOCIAL SECURITYNO.	17.	INFORMANT The		cal Record				
	Yes	(If yes give war or dates of		235-05-9193	The	e Clinical	Cente	er. Bethes	da Me	rvls	and	
				er line for (a), (b), and (c).				,			VAL BET	TWEEN
		EATH WAS CAUSED BY	Tyr	mphosarcoma							vear	
	DANI	IMMEDIATE CAUSE	(4)	mprico			-				y cal	1.3
	Cenditions, If	any which \										
	gave rise to	immediate ((b)									
	cause (a), s underlying caus	a took										
Z			(c)	IBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINA	LDISEASE	CONDITION CIVEN IF	PART 1(a)	119. V	WAS AU	TOPSY
ICATI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						PERFORI	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH (ER)	. DESCRIBE HOW INJURY	occu	RRED. (Enter nature	of Injury I	n Part I or Part II	of Item 18.)			
		INJURY Month, Day,	1	I. INJURY OCCURRED 1200	PLAC	E OF INJURY (Home.	farm.1 20	f. (City or town)	(Cour	itv)	(S	tate)
MEDICAL	Hour a.i	n.	Whi at w	ile - Not While -		y, street, office bldg.		,, (01), 11			,-	
	21. I certif	v that W (this hosp	ital) atte	nded the deceased from	m_ 30	O May	19 66	to7 Sept	19_ 6	6 that	t XIX(w	re) last
	saw the de	ceased alive on 7	Septe	ember 19 66, and	d that	death occurred at	1:30 M	from the causes	and on th	e date :	stated	above.
	22a. SIGNATU	Polant	7	Shul Ills	7 - M.D.	ATTENDING	MED.	STAFF	22b. DA		19	966
	22c. PHYSICIA	IN'S	(-)	r)	m.D.	PHYS. 22d. ADDRESS		R L PHYS. LX linical Ce	7 Se			7
li	NAME (T	ype) Roland	T Sk	eel. M.D.				Health, F				
23a.	BURIAL, CREN		HEREOF	23c. NAME OF CEM	ETFRY			LOCATION (City, t				ate)
10	REMOVAL (Sp		. 196			etery	10	inceverte.	4		20.00	0
24	FUNERAL DIRI	100	hobis	ADDDEGO		a Ave. 25a. R	EC'D BY R	EGISTRAR 25b. F	RECISTRAR'S	SICNAT	URE	-
17/2	ark to W	ysor Class	2000			44.1	SFP 1	3 1966	Millian	Po S	1	
A/G	mer (rumpricey, 9	ric.	Silver Si	oru	I TOLL DATE		0 1000	1	The Comment	no	J

	einheilt west			
	BUTOWNOTOR	001		
	for ken .o.s.	. N. Alkania Riberda, M.	the state of the s	
1 1	occupation and total	blv:0	mou	
	18 Letuber 1907 58		vakos.	sin
100	elatylity donk			sasto
	Horowards 1.0. dox 36) 1.0. dox 36) 1.0. dox 36) 1.0. dox 36) 1.0. dox 4000000000000000000000000000000000000	nal	innel bimno	S
		1885-05-1198	1942	rel
		de Streone VI		
	30 May 5 60 7 3egt	66 mediesdgi	A 5	
Zantoner Ler, Wellern Lorento, Ed.	net Colored only	9.16 J. 1996)		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12946 CERTIFICATE OF DEATH papers. Pages 1 and 2 iin 72 haurs after death. ertificate be executed within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Florida Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL ond give neorest town)
Bethesda (rural) 24 days Bradington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS = Naval Hospital 6615 9th Avenue N.W. NO XX 3. NAME OF First Middle 4 DATE campletely DECEASED OF DEATH HUBBARD Dwight (Type or print) Eroll September 27 B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours Oct. 31, 1921 WIDOWED DIVORCED Male Cauc IDo. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) **INDUSTRY** COUNTRY? Janesville, Wisconsin USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, attending phys Dwight K. Hubbard Vvrl Siron IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bradington, Fladress (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Mary A. Hubbard, 6615 9th Ave. N.W. 263 24 9900 yes burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchogenic carcinoma of the lungs with wide-O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. IMMEDIATE CAUSE (o) þ spread metastases. DUE TO signed l Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES WE NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (14 (this haspital) attended the deceased fram Sept. 3 , 19 66, to Sept. 27, 19 66 that (14 (we) last saw the deceased alive an Sept. 27, 1966, and that death occurred at 875AM, fram causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. Sept. 28. 1966 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S director, pa shauld be f NAME (Type) David R. Foreman Naval Hospital. Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (Stote) BIREMOVAL (Specify) Arlington National Arlington, Virginia 9-30-66 Robert A. Pumphrey ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Funeral Home, 7557 Wisconsin Ave., Bethesda, Md. DATE C

12946		
	AND AND PARTY FOR THE PERSON OF THE PERSON O	4. 1 The rel
	THE RESERVE LABOR.	
81		Series Series
	Manager attraction of All St.	3.1.17
31.2 . 34.5	Track Colored Track Colored Co	
	The manual man to instantonios phresponentes Companios esta box of	
CHARLES AND THE		
		ment it seems that the
		on

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12341

CERTIFICATE OF DEATH

					38.5
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	detoched for use os the buriol-transit permit. Then please remaye carbon popers. Pages 1 and 2	ate Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after deoth.	
TO HOSPITAL OR ATTENDING PHYSICIAN: Th	Poge 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate ha	director, page 3 should be detoched for use	should be filed with the State Dept. of Health	

				10/112	0. 527						
PLACE OF DEATH COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	ontgomery		MARY	LAND	a. STATE Mar	vland	b. COU	NIY			
	(If autside carparate limits,	C.	LENGTH OF STAY I	N lb	c. CITY OR TOWN (If a	utside carp	parote limits, write RU	RAL and gir	ve neares	t tawn)	1
Bethe	and give nearest tawn) Sda (Rural)	2	29 days		East Ri	verda	ale				
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in	haspital, give s	treet address)		d. STREET ADDRESS					e. IS RESID	
	Hospital				6008 Lo	ngfe]	llow Stree	t		YES YES	ARM?
3. NAME OF	First		Middle		Last	4. DAT	E Mant	h	Day	Yeo	ar
DECEASED (Type ar print)	David		Thomas	H	IUDSON	OF DEA	TH Sept	. 14		19	66
S. SEX	6. COLOR OR RACE 7. I	MARRIED X	NEVER MARRIED) B	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
Male	Cauc. W	/IDOWED	DIVORCED		Feb. 1, 192	20	last birthday) 46 yrs.	Months	Days	Haurs	Min.
	ON (Give kind af wark dane		KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12. (TIZEN OF		
U. S.	ng life, even if retired) Navy	INDUST IV/F	K.		Rochester	. New	York	((OUNTRY?	US	Α
13. FATHER'S NAME	•		- 1 1		14. MOTHER'S MAIDEN						-
				100							
	VER IN U.S. ARMED FORCES?	16. SOCIA	L SECURITY NO.	17. 11	FORMANT East I	River	Addre	Md.			
Yes	(If yes give war ar dates of sex	- 054-	14-0501		s. Marion I					C+	
	DEATH (Enter anly ane cause pe		b) and (c).)	1 224	D. Mai Lon 1	raasc	, cood h	Ongre		ERVAL BET	
	ATH WAS CAUSED BY:		cerebel	lar I	umor					SET AND D	
237	IMMEDIATE CAUSE (a)										
Conditions, if ar	which gave										
	ote cause (a), DUE TO										
stating the und	derlying cause (c)										
_	SIGNIFICANT CONDITIONS CONTR	IDUITING TO DE	ATH DUT NOT DEL	ATED TO T	IF TERMINIAL DISEASE CON	IDITION C	IMEN IN DADE 1/-)		I 10	MAC AUTO	DDCV
S MAN II. OITE	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DE	MIN BOT NOT KED	HIED IO II	TE TERMINAL DISEASE COL	NUTTION 6	IVEN IN PART I(d)		17.	WAS AUTO PERFORME	
Z ACCIDENTA	AS HEREBINARO ET	L not a recoun	r How Willey or	CURRED (YE	S 🗶 🛚	NO
OR CONTRIBUTION	/AS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIB	E HOW INJURY OC	.CURKED. (E	inter nature of injury in	Part I ar i	Part II at item 1B.)				
20c. TIME OF IN	JURY Manth, Day, Year	20d. INJURY	OCCURRED	20e. PLACE	OF INJURY (Hame, farm	n, 20f	(City ar town)	(Ca	unty)	(:	State)
	o.m. 19	While at wark	Nat While at wark		ry, street, affice bldg., etc.)						
21. I cer	tify that (\$\mathbb{E}\) (this haspital deceased alive on	Sept.	the deceased	fram_A	ug. 16 ,1	9 66 335 F	to 14 Sept	, 19_	66, th	ata (t): (v	we) las
22 SIGNATUR				ma mai	death occurred at	337-	_m, iram causes		ne date		above
ma	- 1	n a	nder	مد	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			5, 19	966
22c. PHYSICIAN	rs .				22d. ADDRESS		7 70 11	- 15	-		
NAME (Typ	Martin Grego	or Ande	rsen, M.	D.	Maval Hos	pita	1, Bethese	da, M	d.		
23a. BURIAL, CREMAT	ION, 236 DATE THEREOF	23	c. NAME OF CEME	TERY OR C		23d.	LOCATION (City or Tov	vn)	(County)	(St	tate)
BURYALETC	(y) 9//9/	66 Ar	lington	Nati			rlington,	Virg	inia		-
24. FUNERAL DIRECT		rs Co.	ADORESS /	GA	A GEO 250. RECT	BY REGIS	STRAR 2Sb. RE	GISTRAR'S S		E	
1400	Chapin Street	, N. W.	Washin	gton,	D.C. DATE SE	Pi	9 1966 8	Chay	les !	Judg	2

VR A15 (4) 20 M 1/66

12941

alia D. B. Mary Mary Landson Company (1997)

VALUE SECTION REPORT FOR THE SECTION ASSESSMENT OF THE SECTION OF

To the second of the second of

ACTUAL STREET NAVABLE AND

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

120%8

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12942

	PLACE OF DEATH					2 HSHAL RESIDENCE	(Where de	ceased lived, if institu	tion: Posidona	a hefare admis	rion)
	a. COUNTY					a. STATE		b. COU		o parare delitio	,
		omery			YLAND	Maryvar		Montgo			
			i,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside com	parate limits, write RU	RAL and give	nearest tawn)	
T				8 days			bring	7		15-1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital, g	give street address)		d. STREET ADDRESS					
W	ashington	n Sanitariu	m and I	Hospital		10001 P	ortla	nd Road		YES _	NO X
		Fir	st	Middle		Last	4. DA1		th	Day Y	ear
		lrs. Helen	Chris	tine Huffo	rd						
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH					
	female	white	WIDOWED	DIVORCE		April 12.	1886	80 yrs.			74/181.
	. USUAL OCCUPATION	(Give kind of wark dane			7-1			ar fareign country)	COU	NTRY?	
		wife							Ame	rican	
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	Mr. No	ells Anders	on			Martha	Joha	enson			
15. (Ye		R IN U.S. ARMED FORCES? (If yes give war ar dates a			2		hant	Addr	ess		
-		FATH (Enter only one cou				/ 1	Hell	-		INTERVAL BI	ETWEEN
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1105	* charling	,			ONSET AND	DEATH
	Murry		(0)	1	v C-or	V / James				and Ed I	
	C 100 15	subjet many 5	11	U10 0	A	50.10				12-	
		a cauca (a)		CVV F	11	3 (1 / 1 / 1				1/44	3
			(c) D	icichec	č	Dehydoo	1100			1006	
NO	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE (ONDITION (GIVEN IN PART 1(0)		PERFOR	MED?
CATI										YES	NO K
	OR CONTRIBUTING	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury i	in Part I ar	Part II af item 1B.)			
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year	While	Nat While	20e. PLA	E OF INJURY (Home, fo ary, street, affice bldg., e	tc.) 20	of. (City or town)	(Caun	e. IS RESIDENCE ON A FARM? YES NO B Day Year 9 19 66 RIYEAR IF UNDER 24 HF Doys Haurs Mir CITIZEN OF WHAT OUNTRY? DETICAT INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO E 19. WAS AUTOPSY PERFORMED? YES NO E (State) Aud. (Caunty) (State) Minnesota SIGNATURE	(State)
	p.r	II.			from "	Soil	10 66	to 14 17 5	10 6	6 that (1)	(1440) la
			Pirali offen	19_66,	and tho	deoth occurred	01/2/0)	AM, from couses	ond on the	e dote stote	ed obov
	22a. SIGNATURE	1	111	/		ATTEMPING	MED	STAFF	22b. DA	TE SIGNED	
	////	ain -16	Mulier	ė1	M.I). PHYS.] 9/0	9/66	
			neider.	M.D.		22d. ADDRESS	luer	50,449	Ace	. 55	Ald.
00	-				CTERV OR	CDEMATORY	1 224	LOCATION (City) of To	(aux)	(auntu)	(Camas)
Washington Sanitarium and Hospital 1000 Portland Road Vis Vis Vis Vis Vis Vis Widdle Losi 4. DATE Month Day Year Month Day Hours Divorce Day Hours H	,										
			66	Minnesot	a Ac	acia PK.	Je n				ula
			2 17								
1	ryson wh	eeler rune	ral Ho	me Kockvi	.lle,	maryland	SEP	13 1956	Julian	elen lu	Las.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then blease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. VR A15 (4) 20 M 1/66

THE POST AND ROUGH Typon whealur Juperel wood lors willie, will have

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12949 CERTIFICATE OF DEATH and 2 deoth. the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY marmery MARYLAND CITY OR JOWN (If outside corporate limit write RORAL and give nearest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ucans completely filled in d. NAME OF HOSPITAL OR INSTRUCTION (If Let in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 NO @ Month remove corbon 3. NAME OF Middle 4. DATE First DECEASED OF DEATH (Type or print) S SEX DATE OF BIRTH 9. AGE (In yeor IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED Months lost birthdoy) Dovs Hours and in ony WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even it etired) minaken 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or wiknown) (If yes give wor or dates of service 0 signed by the atter burial-transit permi burial, cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: GENERALIZET requires thot IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause os the prior to b TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Health p NO by the haspital or ATTENDING PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ , 1966, ta SENI 24, 1966, that (1) (we) last ge 3 shauld I be retained SEPT 23 1966, and that death occurred at 820 PM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 should be filed 22d. **ADDRESS** 22c PHYSICIAN COLUMBIA NAME (Type) MARYLANI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending objectan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
MONTGOMERY COUNTY MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Bethesda 2 Mos.16 Da	Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
BETHESDASILVER SPRING NURSING HOME	5101 Ridgefield Road ON A FARM?
3. NAME DF First Middle OECEASED	Last 4. DATE Month Day Year
(Type or print) RUBY ANN	JACKSON DEATH SEPTEMBER 75 1966
7. MARKIED NEVER WARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is birthday) Months Days Hours Min.
7 WHITE WIDOWED DIVORCED	Aug. 4, 1878 88 yrs. 1 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
REGISTRAR BIBLE INSTITUTE	ILLINOIS U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Jackson	Sarah Ann Poling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Neice 4800 Dover Rd.
(1 cs, no, or unwant) (11 Jes give nat of dates of service)	s. Thomas Flavin Washington. D. C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (a)	combosis, bacilar artery 3 days
DUE TO COLLEGE OF THE	tirioselirosis 2 us
Conditions, If any, which gave rise to immediate (b)	Writsellrosis 2 yrs.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO TO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
Santo.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While 18000	
21. I certify that (I) (this hospital) attended the deceased from	Thre, 1965, to 7 5EPT, 1966, that (1) (wa) last
saw the deceased alive on 7 SEPT 19 66, and that	death occurred at 4:15 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
X/OSM/ Wallan M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 7 SEPT. 1966
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
NAME (TYPE) OSEPH J. WALLACE, M.D.	5817 LENOX RO. BETHESOA, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial-transit 9-7-66 Horton Ceme	tery Horton, Kansas.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Mary	DATESEP 9 1966 Acharles Judge

VR A15 (4) 20M 1/65

MENTSOMETEL COUNTY and the state of the THE DUT. RESERVE the state of the s ANN JACICS ON SETENCES THE SIBIR INSULABLE TATAL MAIS U-5-A-322-28-) Too Mana Playin Washington on D. The second of th and the second of the second o most 22 to the the delicate, they had

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 2DM 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

CERTIFICA'	TE OF DEATH
. PLACE DF DEATH] 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. CDUNTY Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 18	
Silver Spring 13 months	Silver Spring
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS " e. IS RESIDENCE
Springuale Terrace	Springuale Jerrace DN A FARM?
NAME OF First Middle	Last 4. DATE Month Day Year
Crear and the transfer of the	aguith OFATH September 27 19 66
. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Genale White WIDOWED DIVORCED	Aug. 24 1894 72 yrs. Months Days Hours Min.
Da. USUAL DCCUPATION (Cive kind of work done 10b, KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
uring most of working life, even if retired) Housewide Own Home	Unton Manachusette 11 C 0
3. FATHER'S NAME	Upton, Massachusetts U.S.H.
Coasca H Sugar	C P-+-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17	INFORMANT Address
Yes, no, or unkown) (If yes give war or dates of service)	5604 42nd Ave.
no none yes D	r. Richard Jaquith Hyattsville, Md.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND PEATH
IMMEDIATE CAUSE (a) ACUTE 1140	CARDIAL INFARCTION 12 HRS:
DUE TO /	- H- D
Cenditions, If any, which gave rise to Immediate (b) ARTERICSCA	ERCTIC MEART DISEASE 5 YRS.
cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
	YES ND
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from_	7/1 1965 to 4/27 1966 that (1) (we) last
saw the deceased alive on $9/27$ 1966, and th	at death occurred at 74 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Then 6. Overett M	.D. PHYS. MED. STAFF PHYS. 9/27/66
22c. PHYSICIAN'S NAME (Type) 10 44-1 F F	22d. ADDRESS
JOHN EIEVEREIT	9400 CONN. AV. KENSINGTON
3a. BURIAL, CREMATION, 29b. OATE THEREDF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Sex 1966 Pine grove	Cemetery Spencer, Mass.
ohn B. Thomas Shre 8434 George	ig Ave 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
Maryor & Dumphrou Ing Silver Spr	ing My DATE SEP 30 1986 Polianley Judge

	90.00.3.00		

Attack security only

South Street Committee Com

A CONTRACT A SAGARA A CONTRACT OF THE CONTRACT

A CONTRACTOR OF THE PARTY OF TH

The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ONAC

1430%	CERTIFICATE	OF DEATH		12340
1. PLACE OF DEATH				ion: Residence before admission)
O. COUNTY MONTGOMERY	MARYLAND	O. STATE MARY	LAND 6. COU	MIDNIGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RUI	RAL and give nearest town)
SILVER SPRING	21 days	SILVER	R SPABN	6 15-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st	reet oddress)	d. STREET ADDRESS	, ,	e. IS RESIDENCE ON A FARM?
HOLY CROSS HU	75P11AL	196/SEN	TINARY PZI	ACE YES NO X
3. NAME OF PIEST First PECEASED (Type or print) HELEN	Middle J	ARBOE	4. DATE Mont	20 1966
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
KEMPLE WHILE WIDOWED	DIVORCED	2/13/10	56 yrs.	
100 USUAL OCCUPATION (Give kind of work done defined most of working life, even if retired S.A. UNDUSTRATE DIRECTOR G.S.A. UNDUSTRATE	Business or Govit	11. BIRTHPLACE (County & Washingto	State, or fore yn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
George M. Mattingly		Leocadia	J. Lally	
(Yes, no. or unknown) (If yes give wor or dates of service) 16. SOCIAL		Iliam D. J		Seminary Place
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave nise to immediate couse (o), stoting the underlying couse	NONARY	Empty	SEMALFIL	Spg Manerval Between Sonset and Death Specific Land Specif
lost.	ATION FO	KINOF	CA, PRE	ASTID YX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	THE BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES TO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (I	Enter noture of injury in Po	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 While of work		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21 /1 certify that (I) (this haspital) attended t			60 to 9-2	0, 19 66that (1) (we) la:
saw the deceased alive an 9-19	1966, and that	death accurred and	704M, fram causes	and on the date stated above
220. SIGNATURE P. Slabe	rlin M.D.	. PHYS. D	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 9-20-66
PAME (Type) John P. Haberl:	in	1015 Spr	ing St. Sil	Lver Spring, Md
	. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tox	
REMOVAL (Specify) 9/23/66	Mt. Olivet	Cemetery	Washington	1, D. C.
24 FUNERAL DIRECTOR The S H Hines Company	ADDRESS Washingt	2Sa. REC'D		GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after deal n. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

12946 artists were brown post someth to martist! And was worth ne J. H. Alnes Someny Washington In .. an

Items 18&21 Film 382 10-3 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Page death. montgomerc MARYLAND deloy c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carporate limits. c. LENGTH OF STAY IN 1b and P.M3 write RURAL and give nearest fewn) ofter Departi e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hours with form State I NO IX 24 hours ofter death. 3. NAME OF 4 DATE 72 OF DECEASED the Give (Type ar print) 0 ong S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last bigthday) Manths Days Haurs Min WIDOWED DIVORCED event Item 1 Office 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during mast af warking life even if retired) INDUSTRY any rusel take pending in pencil in ef Medical Exominer's pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within 5 File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) removol, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN Chief buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute coronary insufficiency 0 IMMEDIATE CAUSE (a) writing the word This certificate should buriol, cremation, DUE TO Canditions, if any, which gave accompanied by acute bronchopneumonia rise ta immediate cause (a), forwarded to DUE TO stating the underlying cause 0 0.5 last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, NO prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING should **EXAMINER:** CAUSE OF DEATH. ogent, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. 20c. TIME OF INJURY Manth, Day, Year (City or town) (Caunty) (State) Haur a.m. factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page Poge / at wark at wark its designated 21. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection 1 Inquiry funeral directar. death resulted from Natural causes Accident Suicide Homicide. Undefermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 5 may be TO FUNERAL Health or i **EXAMINER'S** NAME (Type) the 28g. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (Gity or Town) ((aunty) REMOVAL (Specify) ADDRESS 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5)

6M 1/66

TRUST

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12948

1.	PLACE DF DEATH	1				2. USUAL RESIDENCE a. STATE	CE (Where decea	sed lived, If inst		esidence before admission)	
	Montg	omery		MARYLA	NO	District	of Colu		11		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						te RURAL	and give nearest town)			
	Bethe		m	2 Days		Washingto	on		4	1723	
			ON (if not In h	hospital, give street add	ress)	d. STREET AODRESS				e. IS RESIDENCE	
Th	e Clinica	al Center,	Bethes	da 14, Mary	lan	Apt. 5 5010 Sout	thern Av	enue, S	E	ON A FARM? YES NO V	
3.	NAME OF DECEASED		irst	Middle		Last	4. DATE	Month		Day Year	
	(Type or print)		lvia	Catalina		Johnson	DEATH	Septem	ber	25 19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] [B. OATE OF BIRTH	9. A	AGE (In years I ast birthday)	FUNDER 1	YEAR IF UNDER 24 HRS.	
	Female	Negro	WIDOWED	DIVORCED [25 June 1934	4 3	yrs.			
10a dur	ing most of work	ION (Give kind of work ing life, even if retire	done 10b. K	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Cuba	ounty & State, or	foreign country)	12. CIT	TIZEN OF WHAT	
12	Technic			Hospital	-		APM NIBSET			USA	
13.						14. MOTHER'S MAIO		1			
		ur Barnes		Carlotte Control			red Hayw				
15 (Y)	. WAS DECEASED I	EVER IN U.S. ARMED FO	ORCES? 16.	. SOCIAL SECURITY NO.	17.	INFORMANT The 1	Medical	Records	S		
	No	(II) ce give can an an		78-52-9120		e Clinical (Maryland	
	18. CAUSE OF	DEATH [Enter only on	e cause per l	line for (a), (b), and (c).]						INTERVAL BETWEEN	
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	Sub	arachnoid he	mor	rhage			71 2	onset and death 12 hours	
	2042		(4)								
	conditions, If any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						7/	l week			
	gave rise to	immediate ((4)								
	cause (a), st underlying caus	rating the									
NO			(c)ONS CONTRIBL	UTING TO DEATH BUT NOT	TRELA	TEO TO THE TERMINAL I	DISEASE CONDIT	TION GIVEN IN F	PART 1(a)	19. WAS AUTOPSY	
ICATI										PERFORMED? YES NO	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b. I	DESCRIBE HOW INJURY	OCCU	RREO. (Enter nature of	Injury in Part	I or Part II of	item 18.)		
		INJURY Month, Day,		INJURY OCCURRED 1206	e. PLAC	CE OF INJURY (Home, fa	arm, 20f. (Ci	ty or town)	(Coun	nty) (State)	
MEDICAL	Hour a.n	m.	White at work		factor	ry, street, office bldg., e	tc.)				
	21. I certif	y that 🗱 (this hos	pital) attend	ded the deceased from	m23	September 1	9_66, to 25	Septer	ibes 6	6 that Alk (we) last	
	saw the dec	ceased alive on 2	5 Septe	ember19 66, and	d that	death occurred at 1	240M, from	the causes a	and on th	e date stated above.	
	22a. SIGNATUR						A.		22b. DA	DATE SIGNED	
	de	Ceroy Laco M.O. ATTENDING MED. STAFF 25 Sept. 1966									
	22c. PHYSICIA NAME (Ty	AN'S				22d. AODRESS T		cal Cen			
	IVAIVIE (1)	Leroy	Fass,	M.D.		Institutes	s of Hea	llth, Be	theso	da 14, Md.	
23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or cour	nty) (State)	
		19/28	. 1966	Arlingt	on	National Cer	metery	Fort	Myer	. Virginia	
24	9/28, 1966 Arlington National Comptery Fort Myer, Virginia 24. EUNEBALDIRECTOR 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE										
1	10001	1 tono 4	4.74.	15th. St. S	E	DATE S	SFP 29	1966	Milia	eles Judge	
4	acp.	1 de la constante de la consta	4.14	1)011. 00. 0	<u></u>	, DATE		1000		The state of the s	

Attagants,

Attaga

Allows Sames

The Healton's According

We-fi-There ulimined center, Deposed in Corporate

Control of the Section of the Sectio

reporting shoundarparks county

do white the first the state of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		12955		CERTIFICATE	OF DEATH		12949
	b	COUNTY D. CITY OR TOWN (If outside lawsife RURAL and give recommendations)	rest rown)	MARYLAND C. LENGTH OF STAY IN 16 TMOS 140A	O. STATE PENN	re deceosed lived, if institution: F b. COUNTY e corporate limits, write RURAL o	Deleware 1
0	3.	EKSINGIOI NAME OF HOSPITAL OR IN EKSINGIOI NAME OF DECEASED Type or print)	V GARLENS DAVID	SANITARIUM E Middle	221 Merion ONES 4	DATE OF Month / DEATH SEPT	ON A FARM? YES NO YEAR Doy Year 19 66
	durii 13 15.	USUAL OCCUPATION (Give kir ng most of working life, even FATHER'S NAME WAS DECEASED EVER IN U.S. A WAS DECEASED EVER IN U.S. A (If yes give	dd of work done if retired)	OWED DIVORCED DIVORCE	DATE OF BIRTH B	98 Tley birthdoy) Mo yrs. Mo pote, or foreign country)	INDER TYEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? HOUSE HOUSE Min.
	NC	Conditions, if ony, which g rise to immediate couse stating the <u>underlying ca</u> last.	AUSED BY: MEDIATE CAUSE (o) DUE TO OVE (o), USE (c) (c)	JTING TO DEATH BUT NOT RELATED TO I	A.S.	ION GIVEN IN PART 1(0)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLOR CONTRIBUTING □ CAUSE (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY MONHOUT O.M.	OF DEATH EXAMINER) th, Day, Year		Enter noture of injury in Pari E OF INJURY (Hame, farm, iry, street, office bldg., etc.)	20f. (City or town)	YES NO (County) (State)
1		21. I certify that Sow the deceased 220/ SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(1) (this hospital)	attended the deceased fram_	ATTENDING ME		n 186 that (1) (we) last an the date stated obave. 12b. DATE SIGNED 9-7-66
		BURIAL, CREMATION,	23b. DATE THEREOF 9/10/66	23c. NAME OF CEMETERY OR THOLY Cross	REMATORY	23d. LOCATION (City or Town) Yeodon	(County) (State)

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, crematian, ar removant and VR A15 (4) 20 M 1/66

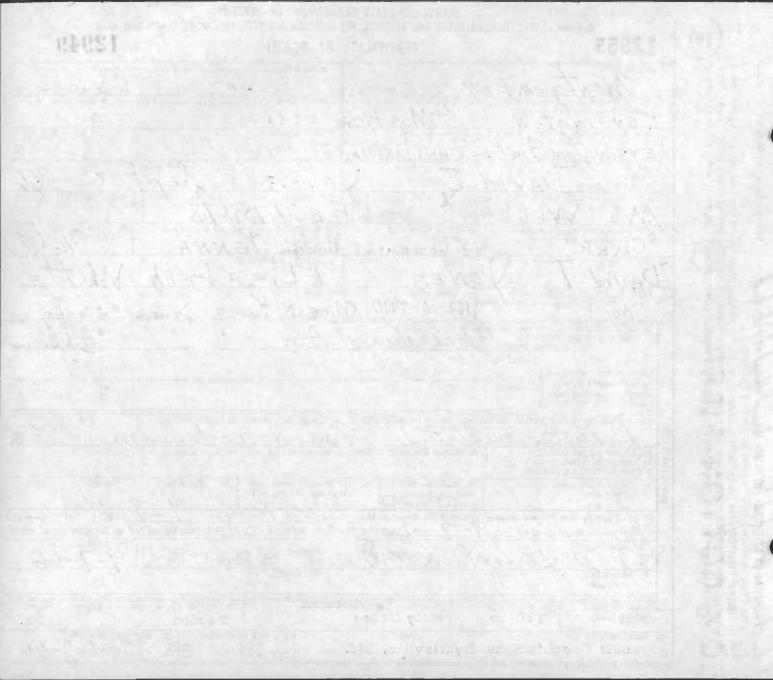
24. FUNERAL DIRECTOR ADDRESS
Francis Gasch's Sons Hyattsville, Md.

ADDRESS

physician and completely filled in by the funeral ren-please remove corban papers. Pages 1 and 2 over, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Poge 4 moy be retained by the hospital or attending physicion.



7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	163011
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLANO	a. STATE & 5 h in y forn D c b. GOUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Springe Maryland 5 days	47-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Holy Cross Hospital of Silver Sprin	143 3602 Quesada St YES NO
3. NAME OF OECEASED (Type or print) Marguret	Last 4. OATE Month Oay Year OF OEATH 9 11 19 6
5. SEX 6. GOLOR OR'RAGE 7. MARRIED NEVER MARRIEO 8	8. DATE OF BIRTH 1 State of Birth 1 State of Birth 1 State of Birth 20/9 9. AGE (In years IFUNOER1YEAR IFUNOER24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Gounty & State, or foreign country) 12. GITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY FOREIGE SLINUICE OFFICER STAFE DEOF	Tennessee GOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert O. Childs	Constance Gibbs
15. WAS DECEASED EVER IN U MEDIFORCES? 16. SOCIAL SEGURITY NO. 17.	INFORMANT 3602 Que sadres St. N.W.
(Yes, no, or unkown) (If yesgi war or dates of service) N● Art	thur G. Jones Washington, D.C.
18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND OEATH
IMMEDIATE GAUSE (a)	1 coop
Genditions, If any, which (b)	
gave rise to Immediate	
cause (a), stating the underlying cause last.	
	TED TO THE TERMINAL DISEASE GONOITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	PERFORMEO?
PART II. OTHER SIGNIFICANT GONOITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO OEATH BUT NOT REL	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm. 20f. (Gity or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCGURRED 20e. PLAC Hour a.m. While Not While factor 20m. 19 at work 20m. 20m.	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1962 to 1964, 1966, that (1) tac) last
saw the deceased alive on Sept 10 1966, and that	death occurred at 2.04 M, from the causes and on the date stated above.
22a. SIGNATURE (ames W/Egan/ M.D.	ATTENDING MEO. STAFF PHYS. 9/1/66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF GEMETERY	OR CREMATORY 23d. LOGATION (Gity, town or county) / (State)
CREMINITION 9/12/66 CEDAR H	ill, SuiThand, not
24. FUNERAL DIRECTOR 15 CC 12 Broad	CEL 10 25a. REG'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
FNEMMY alyandin	DATE SEP 13 1966 galler Judge

VR AI5 (4) 20M 1/65 12031 an.Ciris Attended to the state of the st Codne Hill

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	ne l		12957	CERTIFICATE	OF DEATH		12951
er death	the funeral ages 1 and 2, s after death		PLACE OF DEATH O. CDUNTY MONTOOMERY	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	b. COUNTY PRINCE	GEORGES
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	s. Pr		b. CITY OR TOWN (If outside proporote limits,) write RURAL and give nedrest town) LIVER OR LIVE d. NAME OF HOSPITAL DR INSTITUTION (If not in hos	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside cor	porote limits, write RURAL and Eights	e. IS RESIDENCE
thin 24	ely filled i ban paper within 72	8	Holy Cross Hospital	of SIVER Spring	6208 RUA-		ON A FARM? YES NO Doy Year
ruted wi	and campletely remave carban any event, wi	5	DECEASED (Type or print) SEX 6. COLDR OR RACE 7. MAI		DONES DE	ATH DEPTEMBER	DER 1 YEAR IF UNDER 24 HRS. IS Doys Hours Min.
e be exec	rctan and campletely filled in lease remave carban paper and in any event, within 72		HIE VVAICE	OWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY	1 J. BIRTHPLACE (County & Stote,	or foreign country) 12.	COUNTRY?
certificat	g physician c Then please naval and in		B. FATHER'S NAME William	V Jones	14. MOTHER'S MAIDEN NAME	Joyce	
e death	attending p permit. The ian, ar rema		s. WAS DECEASED EVER IN Ŭ.S. ARMED FDRCES? (es, no, or unknown) (If yes give war or dotes of service	304-18-58/1 In	og Libres	308 Juater	Simon Hala
s that the	physician. signed by the burial-transit p		18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Leute sufferete	e Justia stene	tis & plunts	ONSET, AND DEATH
w require	al ar affending physician. icate has been signed by the affending physical was use as the burial-transit permit. Then the leasth priar to burial, crematian, ar remaval.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	perfected any	jestic inflo	-zur	3 weeks
The lay	ar affending ite has been use as the salth priar ta	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	uting to death but not related to the arrest	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTD PSY PERFORMED? YES ND
YSICIAN	aspital c certificat hed far ot. af He	Z Z		205. DESCRIBE HOW INJURY OCCURRED. (15
ING PH	by the h fter this be detact state Dep	IACOLOGAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While at work Ot work of octor	E OF INJURY (Home, form, pry, street, office bldg., etc.)		(County) (Stote)
ATTEND	be retained by the haspital DIRECTOR: After this certifica je 3 shauld be detached fa ed with the State Dept. af H.		saw the deceased alive an	9-24 1966, and that	death accurred at 3 2	M, fram causes and or	n the date stated above DATE SIGNED
TO HOSPITAL OR	Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		22c. PHYSICIAN'S NAME (Type) James	H S'colly		e St Na	9-2466 Waligton 81
O HOSP	O FUNE directar shauld	2	BO. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Spacify) 9-28-19	766 23c. NAME OF CEMETERY DR	w natt F	LDCATION (City or Town)	(County) (Stote)
	VR A15 (4) 20 M 1/66	4	H. Mallingly	131-11th St.	DATE DATE	GISTRAR 256! REGISTRAR	s signature

1 G C STRIPLE OF THE STREET OF THE PARTY OF THE PARTY. 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending typician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12952

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If instit	
MONTGOMERY MARYLANO a. STATE Maryland b. COUNTY	Montgomery
D. C. TY OR TOWN (if outside corporate limits C. LENCTH OF STAY IN 1h C. CITY OF TOWN (if outside corporate limits C. LENCTH OF STAY IN 1h	
write RURAL and give nearest town) Silver Spring 10 days Rockville	15 1
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital sing standard orders)	ent e. IS RESIDENCE
HOLY CROSS VIDIONIFERASSITTICALEIN	eet on a farm?
3. NAME OF DECEASED First Middle Last 4. DATE Month OF DECEASED The Start Start OF DEATH START O	Day Year
E CEY LC COLOR OF PACE L	UNDER 1 YEAR IF UNDER 24 HRS.
7. MARKIED WEVER MARKIED	onths Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life, even if retired) 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman Antomotive parts Cambridge, Massachusetts	U. S. A.
13. FATHER'S NAME 14. MOTHER'S MAÍDEN NAME	
Rowland A. Judge Clara Thornton	
	all Ctuat
yes WW 11 029-10-4856 Mrs. Louise Judge Rockville	all Street e. Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemopericardium (400 cc) & Cardiac tamponade	ONSET AND DEATH
DUE TO (port wall left	
gave rise to Immediate	
cause (a), stating the underlying cause last. (c) Coronary thrombosis (left circumflex)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	RT 1(a) 119. WAS AUTOPSY
FICATI	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of It	em 18.)
	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
21. I certify that (I) (this hospital) attended the deceased from 9/9, 19 6 to	19 62, that (I) (we) last
saw the deceased alive on 19 (and that death occurred at 19 M, from the causes and	
	2b. DATE SIGNED /
M.O. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	9/14/56
22c. PHYSICIAN'S 22d. ADDRESS	7 7 9 0
NAME (Type) Morton Shapiro, M.D. 8107 Eastern Ave., Silver	Spring, Md.
23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (State)
Burial Sep. 19. 1966 Forestdale Cemetery Malden, Massa	chusetts
24. FUNERAL OIRECTOR Collen Country 8434 Georgia Ave 25a. REC'D BY REGISTRAR 25b.	STRAR'S SIGNATURE
Marrow & Dumphan One Silver Spring MUDATE SEP 19 1966	Charles Judge

VR AIS (4) 20M 1/65

Spirit of Laglace

busignal

STONE STORY TO BE ONLY

All the action comments and the states are a second of the states of the

May-10-se in the forest helps home la in the plant

Shallowers and sand A (25 000) sollowers removed diel line prom) (plaining policy interested venture)

loronery throsboats (left elecution)

3107 Hostern Ave., Silver Corfug, ud.

C. Glan Cartae h. 1 - Co. E. hitsi Georgia Aug. hieroce f. Pumphen, May. St. Line Sugar, Mil.

Distance Paragraph as Sto.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	7	17		12359		CERTIFICATE	OF DEATH		12953
executed within 24 haurs after death		10		PLACE OF DEATH			2. USUAL RESIDENCE		tion: Residence before odmission)
90	funera l and er dea	1 1		MONTAGENTE	-01/	MARYLAND	o. STATE	b. (OU	DONTGOMERV
‡ e	es afte	H		b. CITY OR TOWN (If outside corporate limits	. C. LENG	TH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write RU	
S	oag ors	1/2		write RURAL and give nearest town)			7	0	and give nearest town,
9	by Py	H	_	SINER SPRING		5-66 09-15-6		R SPRING	I - IS DESIDENCE
4	d in	Ma		I. NAME OF HOSPITAL OR INSTITUTION (If no	r in nospitol, give street	address)	d. STREET ADDRESS	, ,	e IS RESIDENCE ON A FARM?
n 2	completely filled in by the fur iave carbon papers. Pages 1 y event, within 72 hours after	als		HOLY CROSS 14	OSPITAL		909 /	16HLAND D	RIVE YES NO
i.	ly f on with	N		NAME OF Fir	st	Middle	Lost	4. DATE Mon	th Doy Year
>	ere arb	04			ENCE	I.	KANCDE	OF DEATH 9	- 15- 1966
utec	mpl e c	11	S.	SEX 6. COLOR OR RACE	7. MARRIED N	VER MARRIED 8	3. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Xeci	and complete remave carl in ony event,	Ch		F W	WIDOWED 🔀	DIVORCED	6-13-8	last birthdoy)	Months Days Hours Min.
0	n o ler	0		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BL	ISINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
0	- AR 2	V		ng most of working life, even if retired) etred clerk	INDUSTRY	jout.	moor	LAND	COUNTRY?
coto	pleo ,	14		FATHER'S NAME	u. 0.	1004.	14. MOTHER'S MAIDEN		1 4:3.11.
モ	physical en plec	1/2		harles W. Randall		K 173	Martha Kai		
9	The The	0		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SE	CHIDITY NO. 17 II	NFORMANT		
ath	ndii or re	D		s, no, or unknown) (If yes give wor or dotes o	carvical			, 909 Ai	Ghland Drive
the death	an. by the attending phy transit permit. Then cremation, or remova	4		NO None			ther K. Al	len Silver	Spring Md.
the	the sit p	1,		IB. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY:	/0	and (c)	2 + 1	1. 1. 0	ONSET AND DEATH
hot	I physician. signed by the burial-transit burial, cremat			IMMEDIATE CAUSE	(0) (MGR	sur he	2an fo	aller	ONSET AND DEATH
- S	d b	16		4000 DUE	TO 10	+ .		1 .	8
nire	nysi gne jria	1/1		Conditions, if ony, which gove rise to immediate couse (a),	(b) (1-b)	-lera	ecco o	des	omos.
req	S S S	'N		stoting the underlying couse DUE	TO				
≥:	ding the tro	7		last.	(c)				
The law	attending has been se as the h prior to	4		PART II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(6)	22 YOF 19. WAS AUTOPSY PERFORMED?
	하는 아이	10	TIO	1) tractula	och 18	Lanu	5 9 1	loculation	hips YES NO IXI
PHYSICIAN:	ospital or at certificate ho hed for use it, of Health	0	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING				Port I or Port II of item 18.)	1975
3	Pita definition	17	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	199011	relathon		1 2/ 1/	
₹.	his cer etache Dept.	Q)		20c. TIME OF INJURY Month, Day, Yeor	20d. VNJURY OCC		E OF INJURY (Home, form	, ,, , , , , ,	(County) (Stote)
	W	7	MEDICAL	Hour o.m.	Alfhila No	t While facto	ry, street, office bldg., etc.		1 110 2 11.1
OR ATTENDING	by that fiter to be de State	11		p.m. 7/2 6 19/6	- OI WOIK - 01	work L	Home	SILVENDON	
9	Sep 3	10/2		21. I certify that (I) (this hos	ortal) attended the	deceased from	7/26,	1966, to 9/15	, 1966, that (I) (we) las
E.	CTOR: Shaul	110		saw the deceased alive on	4/19	14 <u>@ Q</u> , and that	death occurred at	M, fram causes	and an the date stated above
A	<u>- iii . </u>	Th		220. SIGNATURE	. 11.	1 /	ATTENDING	MED. STAFF	22b. DATE SIGNED
0	DIR ed			10 /men	our	M.D		DIRECTOR L PHYS. L	700
TO HOSPITAL	Poge 4 may be O FUNERAL DIRI director, page 3 should be filed v	1		22c. PHYSICIAN'S NAME (Type) NORM.	9N (2)	VER	22d. ADDRESS 4	SPRING S	T. S.S. Mont, Ms.
051	D FUNER director, should k		230	BURIAL, CREMATION, 23b. DATE THE	REOF 23c. N	AME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or To	wn) (County) (State)
H	Poge 2 FUN direct shoul		R	REMOVAL (Specify) Sep. 19.	1966 Cor	gressional	Cemetery	Washington	
2	2		24	EUNERAL DIRECTOR	1 kans	ADDRESS _	250 REC'I		GISTRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66		82.	ohn B. Thomas	8	434 Georgi	a Hue	SEP 10 1000	
	20 111 17 00		We	irner ! Pumphrey,	Inc.	ilver Spri	na MA DATE	000 II. (et a	Marle Judie

WE TOOK

Carrie Agrada

Washington, D.C. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? 6800 Georgia Ave. N.W. Holy Cross Hospital 00 3. NAME OF Middle Last 4. DATE Manth Year DECEASED OF DEATH September 1966 20 (Type or print) Maria Pauls Karras 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 2/11/94 WIDOWED DIVORCED White Famale 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? Messick, Virginia Housewife 14. MOTHER'S MAIDEN NAME unavailable 13 FATHER'S NAME 11.06ELY John Pauls 17. INFORMANT Daughter, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO Addres 12907 Margot Dr UNICHOWN Mrs. Margaret O'Boyle Rockville, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Ruptured aneurysm. left common iliac artery IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave with intraabdominal hemorrhage. rise ta immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY CERTIFICATION NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY C or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Haur a.m. factory, street, affice bldg., etc.) While Nat While at work 21. I certify that Ltook charge of the remains described above. held on Autopsy Inspection X ond in my opinion Notural-couses X deoth resulted from CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) 23c. NAME OF CEMETERY BURIAL, CREMATION (County) REMOVAL (Specify) CKENWOOD 2Sq. REC'D BY REGISTRAR 24.) FUNERAL DIRECTOR 200 12

VR A15ME (5) 6M 1/66

0

ate

with the

dny

__

and

removol,

10

cremation,

burial, used

prior ta

its designoted

0

Health o moy

ouriol-transit

0

3 should

FUNERAL DIRECTOR: Poge

24 hours after death.

rd "pending" in pencil in Chief Medicol Examiner's

pencil

Ward

please execute the certificate,

AL EXAMINER:

TO DEPUTY ME

should

the funerol director.

be executed within

certificote should

Fig. 12 Method 1933

N. Calmondon or the party of

				- 1
		7	批	
	era	ouc	eg	,
	n	-	-	
	e f	es	offe	
	#	00	So	
	py	9	00	
		S.	4	
	р	De	7	
	<u>=</u>	00	i i	**
	>	- U	× = ×	
	te	2	+	
	ple	. 8	le l	
	HO	Ve	9	
	0	E	J.	
	ono	re	n o	
	=	Se	<u>6</u>	
	icio	lea	00	
	175	0	0	
	d	Je L	8	
	ng	-	err	
	Poli	是	X	
	He	E		
	9	be	10.	
	÷	ISIT	ma	
	p	Tar	9	
	P	-	<u>_</u> _	
-	gne	E	JT:	
1	S	م	ವ	
20	en	he	2	
3	pe	S	.0	
,	105	0	d	
,	e h	US	圭	
	cot	10	1 60	
	#	7	=	
-	cer	he	+:	
:	.E	tac)et	
	#	de	e	
~	fter	pe	010	
5	Y	0	9	
	OR	0	=	
	E	Sh	憲	
,	IRE	es	P	
)	0	age	file	
3	MA	ď	90	1
	VER.	OF,	P	
200	5	ect	OD	
and the second s	0	director, page 3 should be detached far use os the burial-transit permit. Then please remave carbon papers. Pages 1, and 2	shauld be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in any event, within 72 hours after death;	1
	=		1	V
	100		4 4 450	1

	12351 CERTIFICAT	E OF DEATH 12953)
	PLACE OF DEATH O. COUNTY MONTROMERV MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE MARVLAND b. COUNTY MON	e before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town) e IS RESIDENCE
	4064 CROSS /705911AL	9311 WENDELL ST.	ON A FARM?
	NAME OF DECEASED (Type or print) FRANCES	Lost 4. DATE Month OF DEATH	Doy Year 2 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	11/4/96 69 yrs.	Doys Hours Min.
dur	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Ket. Statistical Cler & U.S. Gout.	MARYLAND COU	ZEN OF WHAT INTRY?
	FATHER'S NAME Maurice 7. 0'Connor	14. MOTHER'S MAIDEN NAME Ella U. Cunningham	
15. (Ye	es no or unknown) (If yes give wor or dotes of service)	INFORMANT 92 Address Wende Salver Spr	USt.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO T	lar accedent	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b) Under Scleral (c) Acabetes Me	lliters	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I or Port II of item IB.)	
MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (Cour	nty) (Stote)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on	deoth occurred at 944 M, from causes and on the	
		A.D. ATTENDING MED. STAFF PHYS. 9 9-	z - 66
	22c. PHYSICIAN'S NAME (Type) BERNARD A. FITZGERALD	22d. ADDRESS 217 HNIU BLUDE. SILVER S	PRING Mel
	b. Burial (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) Sept. 7, 1966 Gate of Heave		County) (Stote) ryland
24	FUNERAL DIRECTOR Wisor 8434 Geor	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE Judgle

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

129	62		CERTIFICAT	E OF DEATH	12956				
a. COUNTY	Montgomerv		MARYLAND	a. STATE	Where deceosed lived, if institution: Residen b. COUNTY rict of Columbia	ce before odmission)			
	WN (If outside corporate limit	5,	c. LENGTH OF STAY IN 15		utside corporate limits, write RURAL and give	e neorest town)			
	l ond give negrest town) hesda (rural)		47 days	Washing		47 3			
	OSPITAL OR INSTITUTION (If no Naval Hospita		l, give street oddress)	d. STREET ADDRESS	Apt. 107	e. IS RESIDENCE ON A FARM?			
3. NAME OF		rst t	Middle	Lost	cholson St., N.W. /	Doy Year			
DECEASED (Type or print)	Com	uel	Lee	KEMP	OF Sept.	7 19 66			
S. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.			
Male	Negro	WIDOWE	D DIVORCED	Oct. 19, 19	43 25 birthdoy) Months yrs.	Doys Hours Min.			
	ATION (Give kind of work done matrice) if Corps		KIND OF BUSINESS OR INDUSTRY N/A			UNTRY? USA			
13. FATHER'S NA				14. MOTHER'S MAIDEN I					
	iam Kemp			MARTH					
	DEVER IN U.S. ARMED FORCES?	(conjuga)			ington Address D. (Kemp, 1320 Nicholson	- •			
Conditions, i	OF DEATH (Enter only ane cou DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE fony, which gove adiote cause (o), underlying couse	(a) Se 10 (b)	rum/ Repatatas/	Bronchopneum	nonia and hepatitis Ogy	ONSET AND DEATH			
PART II. OTH	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBL	IT WAS UNDERLYING JTING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	205.	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)				
20c. TIME O	F INJURY Month, Doy, Year or o.m. p.m. 19	Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		unty) (State)			
21. I c	21. I certify that (X) (this haspital) attended the deceased fram Jul. 22 , 19 66, ta Sept. 7, 19 66 that (1) (we) last saw the deceased alive an Sept. 7 1966, and that death accurred at 4154 M, from causes and an the date stated above.								
22c. PHYSTO	220. SIGNATURE ATTENDING MED. STAFF PHYS. STAFF 8 Sept. 1966 22c. PHYSICIAN'S								
NAME	(lype) Francis C	. Job	nson, M. D.	U.S. Nava	l Hospital, Bethese	da, Md.			
230. BURIAL, CRE		REOF -1966	23c. NAME OF CEMETERY OF Arlington Nat			(County) (Stote)			
24. FUNERAL DIF		mbers	Co. ADDRESS	2So. REC'E	BY REGISTRAR 25b. REGISTRAR'S SI	34			
1400	Chapin Street	, N.W	., Washington,	D.C. DATE SE	P 13 1986 Vollar	les Judge			

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs ofter deather. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

1295			27	
			(Lenny) obey	
			Toronsoft Invol	
. Type:	1000	9-1	Journal	
	NOT TO LONG			
	Stantonnii		The state of the same	
			quali mai	
Button Description (1920 Elektron	Adael you say	Larolet B		
	uloza avonen			
	dul. 200 Lud.		antigrafic of the second	
contact took 2	avak .4.9		met, .0 milion	
		el syden Ligh		
	13 mg 2.4.4E.		P. T. CEORDER	
		1205 State of the column to t	Signification of the column of	T205 T. T. L.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending blysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissjon)
a. COUNTY MARYLAND	a. STATE MARYIAUD D.COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SILVER SPRING 16 days	LAUREL 16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
FAIRLAND NASE HONE 2101 FAIRLAND RO	6414 SANDY STREET YES NO S
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) MILDRED AGATHA KA	Phredy DEATH SEPT 22 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	APRIL 10 1895 7/ yrs. Months bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Wife 13. FATHER'S NAME	TRIVIDA WEST INDIES U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
WILLIAHA GUY	BODING TON, ROSA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
MI	ARJORIE J. FISCHER LAUREL, MD
18. CAUSE OF DEATH [Enter only one cause per)line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drovelof	Thomas I Culle
151X OUE TO	
Conditions, If any, which (b) Miller Dile	till arcinoma 142-
gave rise to immediate cause (a), stating the OUE TO	17
underlying cause last. (c) Careeno	una Housely 2 ym
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT OF CONTRIBUTING TO DEATH BUT NOT RELEVANT OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTION OF CONT	YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH	JRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
facts	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	
21. I certify that (I) (this hospital)/attended the deceased from	
saw the deceased alive on 9/2/ 1956, and that	t death occurred at 22M, from the causes and on the date stated above.
22a SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
A M Warren M.	O. PHYS. OIRECTOR PHYS.
226. PHYSICIAN'S T.M. WARREN	22d. ADDRASS
JU SUPER WANTER	of and the second
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	1. The state of th
24. FUNERAL DIRECTOR ADDRESS A	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I Havel'a sons Hyallerello. Mil	SEP 9 4 1000 001 0 0
1 / Sancia is the control of	DATE DE 1000 Marches Judge

saus i THE RESIDENCE OF THE PARTY OF T E MANAGE AND THE STATE OF THE S THE PARTY WILLIAM TO A PARTY SHOW STORE THAT THE PARTY HAVE NOT THE RESERVE OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12958

tems all or 9 mile	1 2387 - 11/1 /66 pc 1 4 5 5 0 0
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MPRIT COMERY MARYLAND	a. STATE MARILARIO b. COUNTY MENOT Romarel
b. CITY OR TOWN (if outside corporate limits, vc. LENGTH OF STAY IN 1b write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SILVER SPRING SUCLARS	SILVER SPRING 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 308 Burnt Mills Ave. 6. IS RESIDENCE ON A FARM?
HOLY CROSS HOSPITAL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)	12KS15 DEATH 7 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7	8. DATE OF BIRTH 1891 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	5//// 8/ 8/ /88 Sect. yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUŞTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Lithuania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Boyoris	Catherine (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address 308 Burnt Mills Ave.
No None 282-10-8320 Mr	s. Aldonna Ratchelder Silver Spring Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myoca	rdial infarction ONSET AND DEATH
DUE TO	
Conditions, If any, which \ (b) ASHD	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICAT	PERFORMED? YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	lung 29, 1966, to Sept 28, 1966, that (1) (we) last
	death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Bornard a Dita eralor M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 9-28-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) BERNARD A. FITZGERALD	217 UNIVIBLUPE SILVER SPRING Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Oct 1, 1966 Gate of Heave	n Cemetery Silver Spring, Maryland
24. FUNERAL DIRECTOR John Aby 11 MAN ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John B. Thomas July 18434 George	a Hue DATE OCT 3 1966 Policyles Quelas
Warnet (. Fumphrey, The. Sweet Span	ag, ma unit

to Note 2 and 10 to 10 t moldered al Inthinsout education

Sheport and

INTERVAL BETWEEN ONSET AND DEATH 3-5 Days 2 Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) (State) (County) 19 66 to 7 Septemberg 66 that (W (we) last saw the deceased alive on 7 September 1966, and that death occurred at 4:00M, Aroll the causes and on the date stated above. 22b. DATE SIGNED September 1966 Center, National Institutes of Health, Bethesda 14, Md 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR I 25b. = If hw Wook D

Fairfax

e. IS RESIDENCE ON A FARM?

Year

19 66

NO XX

YES

12. CITIZEN OF WHAT

USA

VR A15 (4) 2DM 1/65

	at styriff			Manufacture of
		gent C		
and the	nd food Tengreen Da	dram of these	muse, som	Luczekió ne
	SC Yanglocoll	milatino -	29293	
	13 Supbember 1998 7		6318	
	agot L'ia			annhuge
640	tonk . A efect		ingalogna z	mina mare
	oc_oliminal Conter, Bot			
1701-3-8		ia inthesea am		
PROST &	himkenin	als Lymposcytic		
CX-a				
	off v. or one of the control of the		signa V X	
into the state of	vlaili esi Cish la sajaditani .		derigin S. di	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. pencil in Item 18. Give Pages 1, 2, and 3 to pages 1 and 2 with the State Department of Health ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

12969

Gai thersburg,

1966

5

REC'D BY REGISTRAR

Md.

REGISTRAR'S SIGNATURE

	a. COUNTY					2. USUAL RESIDENCE (Where deceased lived	l, if institut b. COUI		nce befar	e admissi	an)
	101	ITGULERY		MARYI		MARYLAND NOI TGOMERY						
		If autside carparate limit d give nearest tawn)	s,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
		ACCEPTIFE		ll day	S	ROCKVI	LLE			12	5-1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	give street address)		d. STREET ADDRESS					e IS RESII	
		SUBURRAN				37/ GRA	HDIN AVE.				YES	NO K
	NAME OF DECEASED	F	rst	Middle		Last	4. DATE OF	Mant	ħ	Day	Ye	ar
	(Type or print)	MARGARE!	r	E K	ETTE		DEATH	SEPTE	BBR		10 19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE (In years pirthday)	IF UNDER Manths	1 YEAR Days	IF UNDER	24 HRS. Min.
	Femela	White	WIDOWED	DIVORCED		3/17/1878	88	yrs.	MOIIIUZ	Days	HOUIS	Min.
1Dc	. USUAL OCCUPATION	N (Give kind af wark dane	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (State			12 CI	TIZEN OF	WHAT	
anı	0	life, even if retired)	IN	DUSTRY		West Vir	orinia		((UNTRY?	II.S.	A
13.	FATHER'S NAME	III.				14. MOTHER'S MAIDEN		-				
	CHORGE	OURS				BETTY	COLORS					
15.			16.	SOCIAL SECURITY NO.	17. 11	NFORMANT	0011111	Addre	ess			
(Y)	na, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates)	21	5-54-5124	SO	N(CHARLES K	CETT TREAT	SAI	OF AS	ATIO	TITE!	
		EATH (Enter anly one car			1 90	the state of the s	the second section and the section and the second section and the section and the second section and the second section and the secti	Lord ph, back			ERVAL BET	WEEN
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inferction. Multiple Pulmonary ONSET AND DEATH										
	46.5	DUE		Liberting - Pills	- training	e-ramaiat;	y		100			
	Conditions, if ony		(b) Pulmo	onary Embol	lizat	cion						
	rise to immediate	re cause (a), (
	last.	infing coose	(d) Frac-	ture left H	Tin							
	PART II. OTHER SI	GNIFICANT CONDITIONS O				HE TERMINAL DISEASE COI	NDITION GIVEN IN PA	RT I(a)		19.	WAS AUTO	OPSY
TION	Cor	onemr enter	ineclas	rotic heart	- die	sease with infarction, old YES NO					ED?	
IFICA	2Da. FXTFRNAL CA	AUSF WAS	20b. DE	SCRIBE HOW INJURY OC	CURRED 1	Enter nature of injury in	Part Jer Part II of it	em IB.)	u			
AL CERTIFICATION	PRIMARY ☐ or CO CAUSE OF DEATH.					Enter nature of injury in	./				30	CC
MEDICAL	2Dc. TIME OF INJ Haur a.i	10	2Dd. IN While at wark	Nat While	20e. PLAC facto	E OF INJURY (Hame, farm rry, street, affice bldg., etc.)	n, 2Df. (City o	r tawn)	(Ca	unty)	(State)
	21. I certif	y that I taak charg	e af the ren	nains described abo	ave, hel	d an Autapsy 🗓,	Inspection 1	. Inqu	iry 🖪,	and	in my	apinian
		ted fram: Natur			Suici	_]		
		7	1			CHIEF MEDICAL						
	SIGNATURE	forting	0	Cagon		_ M.D. ASSISTANT MED	DICAL EXAMINER				2. DATE	
	EXAMINER'S	1919	50-2	· 13/1. 5.	1.3	DEPUTY MEDICA	_		_	ZZ	> 6	
	NAME (Type)	JOHN	5	ROGERS			t, city, tawn, or caunt	17			1	(86
22.	PURIAL CREMATIO	ON 236 DATE TH	EDEUE	22. MAME OF CEMET	EDY OP C	DEMATORY	224 LOCATION	City or Tox	em)	(County)	15	tatal

Forest Oak
ADDRESS

Laytonsville, Md.

VR A15ME (5) 6M 1/66

REMOVAL (Specify)
Burial

Francis H. Barber

24. FUNERAL DIRECTOR

9-13-66

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office olang with form

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

This certificate should be executed within 24 hours after death If "pending" in

9-13-66 Forest Oak

Francis H. Sarber Lagranaville, No.

Gel thereture, Ma.

215-51-512h

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12967	CERTIFICATE	OF DEATH	12961				
1. F	LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Residen	ce before odmission)			
(COUNTY	AAA DWI AAUD	o. STATE Mary	1 and b. COUNTY Man	ntgomery			
	Montgomery	MARYLAND	rial y	Land Fior	itgomery			
t	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and give	e neorest town)			
	write RURAL and give nearest town) Rockville	Life	Rock	ville	15.1			
	NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS	7220	e IS RESIDENCE			
				3.2 - A - A - A - A - A - A - A - A - A -	ON A FARM?			
	300 Reading Avenu	e	300 Rea	ding Avenue	YES NO X			
3. 1	IAME OF First	Middle	Last	4. DATE Month	Ooy Year			
9	DECEASED Type or print) HARRIET	ANN CLAGETT	KINGDON	DEATH Sept. 3	19 66			
5. 9	· II-		8. DATE OF BIRTH	9. AGE (In years IF UNDER				
3		HETER MARKET		last hirthday) Months	Doys Hours Min.			
	Female White wi	DOWED OIVORCED	lar. 10, 1					
	USUAL OCCUPATION (Give kind of work done	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County		IZEN OF WHAT			
	ng most of working life, even if retired)	INDUSTRY	Rockvill	e, Maryland	UNTRY? U. S.			
	chool Teacher FATHER'S NAME	Retired	14. MOTHER'S MAIDEN I					
13.		see total						
	Richard A. Cla			Ricketts				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Daug	hter Address				
(Ye	(If yes give wor or dotes of servi	1216-46-0444 Ma	ary Kingdo		Item 2.			
			ary ittiiguo	11	I INTERVAL BETWEEN			
	 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 		1 /		ONSET AND DEATH			
	IMMEDIATE CAUSE (o)	ceretral 7	afus the	~	4 the			
	332X DUE TO 1 de 0							
	Conditions, if ony, which gove) (b)	Cerebral 3	Hymno	223	2 wills			
	rise to immediate couse (o), DUE TO							
	stoting the underlying couse	Bu 2. L.	0					
Н	last. (c)	Jun. aryuna	sexum.					
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
	& sonie	n - 2 1	26 m	Hm.				
CERTIFICATION	20- ACCIOCAL MAS HAIDEDLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter notice of injury in	Part Lar Part II of item 19)	YES NO X			
RT	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(cities nother or inforty in	roll 1 of roll il of tient 16.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm		unty) (Stote)			
MED	Hour o.m.		tory, street, office bldg., etc.)					
	p.m. **	otwork U otwork U	7/1/1	10/2 1 /2 / 10	/ / Al-aA (I) (a) !			
	21. I certify that (I) (this hospital)	offended the deceased from_			C, that (I) (we) los			
	sow the deceased alive on 9/3/1966, and that death occurred at SilsaM, from couses and on the date stated above							
	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED							
	M.D. PHYS. DIRECTOR PHYS. 0 9/4/66							
	22c. PHYSICIAN'S		22d. ADDRESS 8	09 Veirs Mill Ro	ad /			
	NAME (Type) STEPHEN	N. JONES	Ř	ockville, Maryla	ind /			
		I as well of control of						
230	BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)			
B	urial 9-6-66	St. Mary's		Rockville, Mar				
24	FUNERAL DIRECTOR	AODRESS		D BY REGISTRAR 2Sb. REGISTRAR'S S				
m	OBERT A. PUMPHREY.	Bethesda, Mary	land OATE SE	P 8 1966 Jellar	les Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emovol, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

	t - Control of the state of the		nest,
		year along their	
	uneva to keek tot		
10 12 .5			
	STORY LEVEL AND	type blant in the state of	Indial
.2	neumloka in 466 Seesoo as Polycold sensi 4	#####################################	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of CTATISTICAL DESCRAPCH AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	12368	ATISTICAL RESEA		TE OF DEATH	12	2962	
1	a. COUNTY MOINT 40 me	RU	MARYLAND	a. STATE / VIAZ	where deceased lived, if institute b. COUI	Mont	gemery
	b. CITY OR TOWN (If autside carparate write RURAL and give nearest tawn	limits/	ELENGTH OF STAY IN 16	1	fside carporate limits, write RUI	RAL and give neare	st tawn)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g		d. STREET ADDRESS	Edexick Au		e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print)	MAUde	Middle	Kingsbury	DEATH	it. 14	1966
2	SEX 7 6. COLOR OR RAC	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	7-28-97	9. AGE (In years lost birthday) yrs.	Manths Doys	Haurs Min.
	Oa USUAL OCCUPATION (Give kind af wark uring mast of warking life, even if retired) HOUSE (U.FE)		IND OF BUSINESS OR IDUSTRY	New Yo		12. CITIZEN OI COUNTRY?	
1	3. FATHER'S NAME Henry Wa	gneR		14. MOTHER'S MAIDEN I	RYAN		HEE
	S. WAS DECEASED EVER IN U.S. ARMED FOR Yes, na, ar unknown) (If yes give war ar d			aughters.	Addre	ess	
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, massive						
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	DUE TO OUE TO	nary arterios	clerosis wit	h thrombosis		
MULION	PART II. OTHER SIGNIFICANT CONDITION	(c)ONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED? 'ES SX NO
CEDTIFICATION			SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II af item 1B.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Y Haur a.m. p.m.	ear 20d. If While at wark	Nat While f	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc.)		(Caunty)	(State)
	21. I certify that (I) (this saw the deceased olive of		ded the deceased from 13 1966, and th	Sep 5 , 1 nat death accurred at,	9 66, ta Sep 14 2:45 M, from causes	and an the dat	
	22a. SIGNATURE	De To	auter		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	14, 196
	22c. PHYSICIANS NAME (Type) DEWITT	E. DeL	Awter	22d. ADDRESS 8525 ABE	ROBENRA BE	th. wid	Moni
2	3a. BURIAL, CREMATION 23b. DA	TE THEREOF	20c. NAME OF CEMETERY O		23d LOCATION (City or To		10 11

REGISTRAR'S SIGNATURE

2Sb.

250 REC'D BY REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use os the buriol-transit permit. Then pleose remove carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thony event, within 72 hours after death

VR A15 (4) 20 M 1/66

24. FUNERAL

23621 William Blanch and Control F. IN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12063

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri	esidence before admission)
Montgomery MARYLAND	1	kingham
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Bethesda 61 Days	Broadway	833
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Maryland	Route #2	YES NO XX
3. NAME OF First MIddle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Lawrence Eugene	Kline DEATH September	11 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER)	
Male White WIDOWEO OIVORCEO 3	30 September 1926 39 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT UNTRY?
Ouarry Worker Mining Company 13. FATHER'S NAME	Virginia 14. MOTHER'S MAIOEN NAME	USA
Neff Kline	Naomi Neff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT The Medical Records	
	e Clinical Center, Bethesda, Ma	rvland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	OTTHICKS COMMON A DOUBLE AND A SECOND	INTERVAL BETWEEN
PART I. GEATH WAS CAUSEG BY: IMMEGIATE CAUSE (a) Enterobacter Pneum	nonia	ONSET AND DEATH
QUE TO		
Cenditions, If any, which gave rise to Immediate (b) Bone Marrow Hypopl	asia	1 month
cause (a), stating the OUE TD		
underlying cause last. (c) Lymphocytic Lympho	sarcoma	6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMEO?
		YES X NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	ory, street, office bldg., etc.)	,
p.m. 19 at work at work		
21. I certify that (1) (this hospital) attended the deceased from 2.	July , 19 66, to 11 Sept. , 19 6	6, that (X (we) last
saw the deceased alive on 11 September 19.66, and that	death occurred at 9:30M, from the causes and on the	e date stated above.
22a. SIGNATURE	1 001 00	ATE SIGNEO
Dery f. Spirol M.O		t. 11, 1966
22c. PHYSICIAN'S NAME (Type)	22d. AGORES9The Clinical Center,	National
Jerry L. Spivak, M.D.	Institutes of Health, Bethes	da. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial-transit 9-12-66 Cherry Gro	ve Cem. Broadway, Virgi	inia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Mary	land SEP 14 1966 Ichan	les Judge
	OATE OLI 14 1000	00

steletik (tomostmi)

Deckerda Lava 61 anya

The Clinical Center, Strikesda, Saryland | Noute #2

Lawrence Uncome Clams September 11 Ac

Wale White S0 September 1925 59

August Norser Mains Company Virginia Link

No. C. C. Line of the Control of the

EDWOOD INSTANCE OF THE PARTY OF

to -- 230-32-0111 The Clinical Center, ethogda, haryland

TAXALLE ALTONOMIC TO AN ADDRESS OF THE PARTY OF THE PARTY

et a factivit vomes acco-

wildower is a killy or the state of the stat

12 Mily 56 11 September 56 12 Sept. 1 00 N

Jerry L. Splym) - 4.0. | Institutes of Health, National Langue, National L

current-remove garanda Chorry Grove Can. Brandway, Wingford

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2	19970 CERTIFICATE	OF DEATH 12964	1
requires that the death certificate be executed within 24 haurs after death g physician. I signed by the attending physician and campletely filled in by the funeral burial-transit permit. Therefore remave carban papers. Pages 1 and 5 burial, crematian, or removal, and in any event, within 72 haurs after death the contraction of the contraction of the contraction.	1. PLACE OF DEATH o. COUNTY Montgomery County b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admissi o. STATE b. COUNTY "lorida" c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	on]
hin 24 haurs o filled in by th n papers. Pag ithin 72 haurs o	write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Miami Beach d. STREET ADDRESS e. 15 RESI	DENCE
n 24 illed pape pape nin 7	Holy Cross Hospital	7340 Harding Ave. YES	NO 🖂
d within the arban ont, with	3. NAME OF First Middle DECEASED (Type or print) Simon		56
be executed withir and campletely file termove carban in any event, with	M Cau WIDOWED TO DIVORCED	8. DATE OF BIRTH 8/30/94 9. AGE (In years IF UNDER 1 YEAR IF U	R 24 HRS. Min.
ate be exection and college remain any	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer 10b. KIND OF BUSINESS OR INDUSTRY air conditioning	11. BIRTHPLACE (County & Stote, or foreign country) New York, New York 12. CITIZEN OF WHAT COUNTRY? USA	
ertifica nemp	13. FATHER'S NAME - unknown	14. MOTHER'S MAIDEN NAME — unknown	
attending permit. ian, or ren	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes World War I 151-01-5907	Mrs. Alberta Blum, daughter Sil Sp	è. M
that the dan. by the attransit per cremation,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BEI ONSET AND I	IMEEN
e law requires that the tending physician. Is been signed by the as the burial-transit priar to burial, cremating the tending	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	hi hat due	
The part of the pa	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORM	OPSY NED? NO
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	OR CONTRIBUTING COLOR OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)	
PH he		CE OF INJURY (Home, farm, lory, street, office bldg., etc.) 20f. (City or town) (County)	(Stote)
= = 0 - 1	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 27 19 6 and tha	t death accurred at 200 M, fram causes and an the date stated	we) la: d abav
AL OR re	220. SIGNATURE 220. PHYSICIAN'S NAME (Type) A SULATION M.I	D. ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR DI	6
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	230. BURIAL (REMATION, REMOVAL (Specify) Burial 9-30-66 Arl. Natl. C	em. Arl. Va.	Stote)
VR A15 (4) 20 M 1/66	Jackbern French Home 4217 475. N	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE O C.T. 4 1966 Acharles Judg	e

10021			
			and an invite in
			Creat Total Control
All and the second			
	THE , SOUTH BELL BUILT	olatinop ata	
Service Value of the last		- National	

DESPITAL. RATENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after death. Page 4 to be retained by the hospital or attending physician.

OFUNERAL ECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

TO HOSPITAL death. Page 4 A15 VR 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12965

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
a. COUNTY	e. STATE On / b. COUNTY On /
b. CITY OR TOWN In outside corporate limits, c. LENGTH OF STAY IN 1b	That History
b. CITY OR TOWN // outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest fewn)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give geerest town)
Selace Spring 10 days	Grithenstein 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENC
(4/1 1 (4/1 + 1)	ON A FARM
Hey Class Norpelal	202 Cakun Ta. YES NOV
3. NAME OF First / Middle DECEASED	Lest 4. DATE Month Day Yeer OF
(Type or print) Hapin L. KNIEdLER)	DEATH 9 25 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8.	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
/- WIDOWED DIVORCED	7//6/63 3 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
MINOR	Hd.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11 11 1 1 1 1	801 4 1
MARCEITE V. KNIECTER	Quelifu Lemand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I {Yes, no, or unkown} {Ifyes give were or detes of service}	NFORMANT Address
Tree, no, or annown, in resignation delegation (co)	farelle V. Kniedler faithern mide
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
and a series was surren as	ONSET AND DEATH
IMMEDIATE CAUSE (6) A WELL CARDA	ARREST
DUE TO	
LIVEY GARAGE	ALOPA THY
Conditions, if any, which gave rise to immediate cause	
(a) stating the underlying DUE TO	Herocen la 4d
cause last. (c) UB TRUETUE	Hawce 10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Biloteral 1) Hariptinoses	Bul Pll Presente , YES NO IS
DITOTE WAS INDESCRIBED ASSESSED.	1114-1 114-114
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO BILD LEVEL 1 LANGE ACCURED OF CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING TO DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER). (Ehter nature of injury in Pert I or Pert II of Item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from	15 SpT 1966, to 25 Sept 1969, that (I) (we) la
saw the deceased alive on 24 Spt 196, and that	death occurred at M, from the causes and on the date stated above
22e. SIGNATURE	22b. DATE
226. SIGNATURE	ATTENDING MED STAFF SIGNE
	.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Gary Brecher. Md.	22d. ADDRESS. Md.
NAME (Type) don't y DI GOLIGIA . MICE,	Silv erspeing Md.
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or codnity) (State)
REMOVAL (Specify)	- thereforte mil
Bured 9-21-66 -05/11-11	The Med January Te Mile
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOLLY	completed 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(del 3/1)	A STATE SEP 9 - 1000 ALL
Colored Cherry Ole & Steam	Carrier OLI 6/ 1006 Personal Out
	I was

THE REAL PROPERTY AND ADDRESS OF THE PARTY AND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1		e in the second		30111111				24000			
		PLACE OF DEATH a. COUNTY			USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE D. COLINTY					an) /	
	Montgomery			MARYLAN	ND		inie	b. COUNTY			1
		b. CITY OR TOWN (If autside carporate limits	,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest				st tawn)	
١	В	write RURAL and give nearest tawn) Sethesda (rural)		3 days		Annandale		23.	3		
	(d. NAME OF HOSPITAL OR INSTITUTION (If no	t in haspital, g	give street address)		d. STREET ADDRESS				e. IS RESI	
B	U	.S. Naval Hospital				7601 Gayl	ord Drive			ON A F	NO X
DECE		NAME OF Fir DECEASED (Type or print) Joanne Patr		Middle DESTER		Last	4. DATE OF DEATH Sep	Month	Day	/ Ye	66
	S	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	2	B. DATE OF BIRTH	9. AGE (In	years IF UND	ER 1 YEAR	IF UNDER	24 HRS.
	F	emale Caucasian	WIDOWED	DIVORCED [6 March 1961		Yrs.	s Days	Haurs	Min.
	10a.	. USUAL OCCUPATION (Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fareign cour	itry) 12.	CITIZEN O		
	quri	ing nost of working life, even if retired)	IN	None None		Jacksonvi.	lle Beach.	Fla. I	COUNTRY?		
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
		Frederick H. KOESTE	R			Eileen R. 1	BOBB				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	f service) 16. S	SOCIAL SECURITY NO.	17.	NFORMANT		Address Ar	nada.	Le. V	a.
	(16	(If yes give war ar dates o	Zelvire)		Fre	ederick H. F	CORSTER 76			-	
		18. CAUSE OF DEATH (Enter only one cour	se per line far	(a), (b), and (c).)			WWW. TO		IN	TERVAL BET	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Act	ite Leukemia	1				40	ISET AND D	HTA3
	DUE TO										
		Canditions if any which agus	(b)								
		rise to immediate cause (o), (. ,								
		stating the underlying cause	(c)								
		PART II. OTHER SIGNIFICANT CONDITIONS CO		O DEATH BUT NOT DELATE	D TO 1	HE TERMINAL DISEASE CON	UNITION CIVEN IN DAD	T 1(a)	10	WAS AUTO	YZQC
	CERTIFICATION	TAKT II. OTHER SIGNIFICANT CONDITIONS CO	JATKIDOTINO 1	O DEATH BOT NOT KEERICE	0 10 1	TIE TERMINAE DISEASE COI	ADITION GIVEN IN PAK	1 1(0)		PERFORM	ED?
	FICA	20a. ACCIDENT WAS UNDERLYING	205 DE	SCRIBE HOW INJURY OCCUI	RRFD.	Enter nature of injury in	Part I ar Part II of iter	n 18)		C3 4E	140
	CERT	OR CONTRIBUTING CAUSE OF DEATH	200. 52.	CKIDE HOW INSORT OCCO		and hard at mary in	TOTAL TOTAL TOTAL	11 10.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year	20d IN	JURY OCCURRED 20	p PIA	E OF INJURY (Hame, farm	n, 20f. (City or	tawn)	(Caunty)	- (State)
	MEDICAL	Haur a.m. 19	While at wark	Nat While		ory, street, affice bldg., etc.)		10.411)	(coom1)		Jidie)
		21. I certify that (1) (this has	qital) attenç	led the deceased fra	m_c	entember 12	966 , to Se	0 17 ,1	9 66, tl	nat (A) (we) last
		21. I certify that (1) (this hasnital) attended the deceased fram September 13 1900, to Sep 17, 1966, that (1) saw the deceased alive on September 17, 1966, and that death accurred at 1215AM, from causes and an the date state						e stated	l abave.		
		220. SIGNATURE I KU KA MEN.				ATTENDING	MED. STA	VCC I	DATE SIGN		
		John J. D'BRIEN M.C). PHYS.	DIRECTOR PH	Ys. 🔀 Se	ptemb	er l'	7,
		22c. PHYSICIAN'S 22d. ADDRESS									
		NAMP (Type) John J. O	BRIEN			U.S. NAV	AL HOSPITA	L, BETH	ESDA,	MD.	
	230	BURIAL, CREMATION, 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR (REMATORY	23d. LOCATION (C	ity or Town)	(Caunty) (S	tate)
		Burial 9/20/6	6	Arlington	Na	tional	Arlingto	on. Va.		134	
	724	ELINEDAL DIDECTOR		ADDRESS		250 DECT	BY REGISTRAR	256. REGISTRAR	S SIGNATUI	RE	
	-7	TOOL WILESTEL TOOL	. MONG	gomery Ave.	o_{π}	DATE S	FP 20 10	cc m!	in la	0	1.0

Toge 4 may be retained by the naspital of attending pursuson.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cerificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 20 M 1/66

Contract Level . II. Justine Break William V.S. V.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12967

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE MD b. COUNTY Montes and the
b. CITY OR TOWN lif outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Write KUKAL and give nearest town)	The state of the s
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	SILVER SPRING
1/11 Par 1/	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Holy ("Ross Hosp	215 UNIVERSITY BLUD. YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ELEHNOR D. KC	DHIER DEATH SEPTEMBER 1/19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. OATE OF BIRTH 9. ACE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Oays Hours Min.
FEMALE WHITE WIDOWED DIVORCED	1/17/13 53 yrs.
10a, USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ADTUSTER SRY. AMERITAS. CO.	PA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
John J. Dunn	Sadie McMullen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT
(Yes, no, or unkown) (If yes give war or dates of service)	3019 Pioneer Ave.
No None Must	Jean J. Kyan Pulsburgh, Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) U CILLE MY CE	askal organilan OZHRS
H201 DUE TO	~ // // /
conditions, If any, which gave rise to immediate (b) Coronary UL	leng dience
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO NO
203. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury In Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
0 1	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
≥ p.m. 19 at work at work	8-30 1966 to 9-11 1966 that (We) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 9-7/1966, and that	t death occurred atM, from the causes and on the date stated above.
Degrand h Siter es	ATTENOING MED. STAFF - 12 - 16
22c. PHYSICIAN'S D	DIRECTOR PHYS. 17 122d. AOORESS
NAME (Type) DERNARD A. FITZGEKALII	217 UNIV BLUE E SIL. SP., Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burnal (Specify) Sep. 15, 1966 Queen of Heav	0 1 01111 1 0
24. FUNERAL DIRECTOR COLL PADDRESS C.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
crus Conter 8434 Georgi	ia Huel SEP 15 1866 Ochanda Onde
Warner E. Pumphrey, nc. Silver Spri	ing, Mydate DES 1000 generally judge

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12974 CERTIFICATE OF DEATH 3 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please, remove corbon papers. Pages 1 and 2 hours after death, should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and to any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

Poge 4 may be retoined by the hospitol or attending physician.

VR A15 (4) 20 M 1/66

2968

	(Montgomery	MARYLAND	Vermont	b. COUNTY	Washington
	6	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GERMANUOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carp) Northfield	arate limits, write RURAL and	d give nearest town)
0	M	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, garylander Nursing Home	ive street address)	d. STREET ADDRESS 29 Highland	Ave.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) LEON B	Middle K		TH Appleme	Day Year 1966 IDER 1 YEAR IF UNDER 24 HRS.
	S. :	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	□ NEVER MARRIED □ 18 □ DIVORCED ☒ 6	B. DATE OF BIRTH -25-1876	Sast birthday) Mant	hs Days Haurs Min.
	duri		ND OF BUSINESS OR DUSTRY	II. BIRTHPLACE (County & State, or Michigan 14. MOTHER'S MAIDEN NAME	foreign country)	2. CITIZEN OF WHAT
	13.			Rosetta S	11223 ole	
		s, na, ar unknawn) (If yes give war ar dates of service)		rs. Jane K. K	Address	Wash.DC.
		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)		premoi	lervis	INTERVAL BETWEEN ONSET AND DEATH
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I or F	Part II af item 18.)	
	MEDICAL	Haur a.m. 19 While at wark	Not While facts	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(City or tawn)	(County) (Stote)
		21. I certify that (1) (this haspital) attends saw the deceased alive an 3	ded the deceased from 1905, and that	t death accurred at 423	M, fram causes and a	
/		22c. PHYSICIAN'S NAME (TYPE)	entell M.	D. ATTENDING MED. DIRECTOR 22d. ADDRESS BOYDS	STAFF C	DATE SIGNED 6, 1966 0720
	23a	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 907-1966	23c. NAME OF CEMETERY OR C	~	LOCATION (City or Town)	(Caunty) (State)
1	24	FUNERAL DIRECTOR SWIET'S Sons, 5130 Wisc. Ave. N.W.	Inc. ADDRESS	2Sa. REC'D BY REGIS	STRAR 256. REGISTRAI	r's SIGNATURE

PARET

1 (M)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funerol director, page 3 should be detached for use as the burial-transit permit. There piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removatively in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

12975

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

31011	or stratistical.	 ,			Ī
		CERTIFICATE	OF	DEATH	

12969

	DIACE OF DEATH				
	PLACE OF DEATH			re deceased lived, if institution: Resi	dence befare admission)
	a. COUNTY	MARYLAND	a. STATE	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	CITY OF TOWN (If guteid	e carparate limits, write RURAL and	
	write RURAL and give nearest town)	C. LENGTH OF STAT IN ID	C. CITT OK TOWN (IT GOTSIG	e turpulate illinis, wille KOKAL und	give nearest toway
	Silver Spring	2/2 month	ssilver:	SALLAG	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ispital, give street oddress) (1 on to	d. STREET ADDRESS	1	e. IS RESIDENCE
Ch	LOUY Chase Nursing	a Convalescent	1401 B1	air mill &	YES NO NO
	NAME OF First	Middle	Last 4.	DATE Manth	Day Year
	DECEASED (Type ar print) Emma		16	OF DEATH SEPT.	4 1960
S.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUND last bigthday) Manth	
F	e white will	DOWED DIVORCED	Tune 15 189	2 7 4 yrs.	s buys mun.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St	ate, ar fareign country) 12.	CITIZEN OF WHAT
	ing mast af working life, even if retired)	INDUSTRY	Vilna R	455/4	COUNTRY? D.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		4.0.11
,	0		0	,	
	Gernard Kamermas			18/2	4 0 -
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war ar dates of servic	16. SOCIAL SECURITY NO. 17. I	NFORMANT	1010 didress 13.	ROCK, DIR.
(,,	NO Mone	welchroups.	rnard Ku	ne-SILUER	SPRINS ITA
	1B. CAUSE OF DEATH (Enter only one cause per				INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:	1 1	LURE		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	AT COLUMN TO STATE OF THE STATE	COKE		
	DUE TO	ARTERIOSE	1 000- 00	16 1 1.00	10 400
	Canditians, if any, which gave) (b)	HAR I GO IT IN STA		FILE BLAVET OF A SEC	
	rise to immediate cause (a)	2000	L E Q V // C	1/201 . 00	- July
	nise to immediate cause (a), Stating the underlying cause	MA CATOSE	2240//	N/Carr arg-	
	nse ta immediate cause (a),	m/	2240//	7/ 000 1 01 01 01	
	stating the underlying cause DUE TO				19. WAS AUTOPSY
ION	stating the underlying cause last. DUE TO (c)				19. WAS AUTOPSY PERFORMED?
ICATION	stating the underlying cause (c). DUE TO (c)	OUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY
	stating the underlying cause (c). DUE TO (c)		HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	nse to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year	20b. DESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CONDIT (Enter nature of injury in Part CE OF INJURY (Hame, farm,	ION GIVEN IN PART 1(a) I ar Part II af item 18.)	19. WAS AUTOPSY PERFORMED?
	stating the underlying cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20d. INJURY OCCURRED While Not While	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While at work 200 at work 200 ACCURRED.	THE TERMINAL DISEASE CONDIT (Enter nature of injury in Port CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	ION GIVEN IN PART 1(a) I ar Part II af item 18.) 20f. (City or town)	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	stating the underlying cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this haspital)	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	THE TERMINAL DISEASE CONDIT (Enter nature of injury in Port TE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	ION GIVEN IN PART 1(a) I ar Part II af item 18.) 20f. (City or town)	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	stating the underlying cause DUE TO	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	THE TERMINAL DISEASE CONDIT (Enter nature of injury in Port TE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	I ar Part II af item 18.) 20f. (City or town) 1 a Sept 4 1	(County) (State)
	stating the underlying cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this haspital)	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	THE TERMINAL DISEASE CONDIT (Enter nature of injury in Port TE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	I ar Part II af item 18.) 20f. (City or town) And the second of the second or the se	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	stating the underlying cause DUE TO	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	(Enter nature of injury in Part E OF INJURY (Hame, form, ory, street, affice bldg., etc.) ATTENDING PHYS. ME ME ME ME DIR	I ar Part II af item 18.) 20f. (City or town) And the second of the second or the se	(County) (State)
	stating the underlying cause Colored	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	Enter nature af injury in Part CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.) ATTENDING ME	I ar Part II af item 18.) 20f. (City or town) ta STAFF 22b.	(County) (State)
	nse to immediate cause (a), stating the underlying cause (s). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that (II) (this haspital) saw the deceased alive an 22a. SIGNATURE	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	(Enter nature of injury in Part E OF INJURY (Hame, form, ory, street, affice bldg., etc.) ATTENDING PHYS. ME ME ME ME DIR	I ar Part II af item 18.) 20f. (City or town) ta STAFF 22b.	(County) (State)
MEDICAL	nse to immediate cause (a), Stating the underlying cause C. DUE TO	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work facts	Enter nature of injury in Port (Enter nature of injury in Port (E OF INJURY (Hame, form, ory, street, affice bldg., etc.) ATTENDING ME DIR 22d. ADDRESS	I ar Part II af item 18.) 20f. (City or town) ta STAFF 22b.	(County) (State)
MEDICAL	Set of immediate cause (a), Stating the underlying cause (c)	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED while at work at work at the deceased from 19 54, and that the state of the st	Enter nature of injury in Port (Enter nature of injury in Port (E OF INJURY (Hame, form, ory, street, affice bldg., etc.) ATTENDING ME DIR 22d. ADDRESS	I ar Part II af item 18.) 20f. (City or town) 20f. My fram causes and ar 22b. 22b. 22c. 22c. 22c. 22c. 22c. 22c.	(County) (State) 9
MEDICAL	nse to immediate cause (a), Stating the underlying cause (c) DUE TO Iost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21.	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED while at work at work at the deceased from 19 54, and that the state of the st	(Enter nature of injury in Part (Enter nature of injury in Part (E OF INJURY (Hame, farm, ory, street, affice bldg., etc.) ATTENDING MEDIR (PHYS. 22d. ADDRESS) CREMATORY	I ar Part II af item 18.) 20f. (City or town) 20f. My fram causes and ar 22b. 22b. 22c. 22c. 22c. 22c. 22c. 22c.	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 9. County) (State) 9. County) (State) (County) (State)
MEDICAL MEDICAL	nse to immediate cause (a), Stating the underlying cause C. DUE TO	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED And While at work at work at the deceased from 19 6 , and that was a superior of the deceased from 19 6 , and the deceas	(Enter nature of injury in Part (Enter nature of injury in Part (E OF INJURY (Hame, farm, ory, street, affice bldg., etc.) ATTENDING MEDIR (PHYS. 22d. ADDRESS) CREMATORY	I ar Part II af item 18.) 20f. (City or town) 20f. (City or town) 20f. (City or town) 22b. CETOR PHYS. 22b. 23d. LOCATION (City or Town) 23d. LOCATION (City or Town) 25d. REGISTRAR 25b. REGISTRAR	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 9. County) (State) 9. County) (State) (County) (State)

12969 and the second of the second of the second of the second as /49 a war as we all which the contract of Call and the state of which the state of the

HARDER DAIL LOOKULA CHEMINA DE LA CHARLE

The second secon

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12076

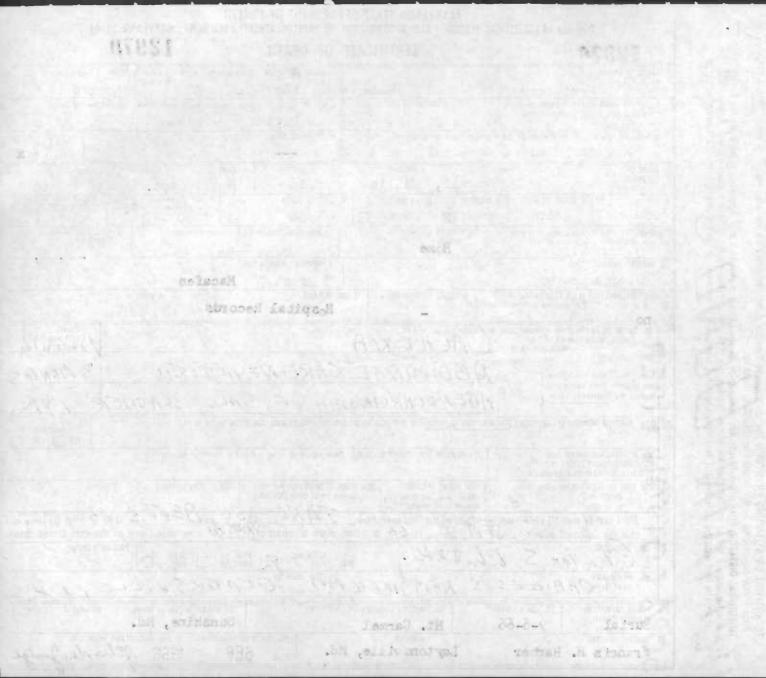
CERTIFICATE OF DEATH

12970

1.	PLACE OF DEATH			2. USUAL RESIDENCE	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY					
	o. COUNTY Mont	gomery	MARYLANG	o. STATE Mary.	Howard /					
	b. CITY OR TOWN (If outsid	e corporote limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporote limits, write RUR	AL ond give neorest town)				
	write RURAL ond give neorest town) Olnev 29 Days			Dayto	on	18-2				
		NSTITUTION (If not in hospite	1/	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
9	Montgomery	General Hos	pital			YES NO K				
3.	NAME OF	First	Middle	Lost	4. DATE Month	Doy Year				
	(Type or print)	Kuykend	all, Millie	Effie	OF Sept.	3 1966				
S.	. SEX 6. COL	OR OR RACE 7. MARRII	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.				
]	Female v	Thite WIDOW	D DIVORCED	3/5/86	80 yrs.	monins boys noors min.				
	Oo. USUAL OCCUPATION (Give k		KIND OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
al	uring most of working life, ever Housewif		Home	Tenr	ness ã e	II. S. d.				
1;	3. FATHER'S NAME			14. MOTHER'S MAIDER	NAME					
	George Rea	ives		Sarah S	Macafee					
1	S. WAS DECEASED EVER IN U.S. Yes, no, or unknown) ((If yes g	ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	Addres	S				
,	nes, no, or unknown, kir yes g	ive wor or dates or service,		Hospital	Records					
	IB. CAUSE OF DEATH (Enter only one couse per line) for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DRITE									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									
	1551	DUE TO MEDOMINIAL CAPRINIMATICA & MANGE								
	Conditions, if ony, which gove rise to immediate cause (a),									
	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last. (c) ADENOCARCINOMA OF GALL BLADOEN									
	last.	(c) 1	- NO CHICCIN	WITH OF	Over 1200					
/ N	PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?				
A I						YES NO				
CERTIFICATION	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS		DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port I or Port II of item 1B.)					
	I (IF CHITCK, NOTIF I MEDICAL	. EXAMINER)								
MEDICAL	20c. TIME OF INJURY Mor	/ [/		. PLACE OF INJURY (Home, for		(County) (Stote)				
W	Hour o.m. 19 While Not While of work									
			ended the deceased fram	n	1000 10000	2, 1906, that (1) (we) last				
	saw the decease	d alive an JEPI	2 19 66, and	that death accurred o	at 3:73 7M, from causes a	ind an the date stated above.				
	220. SIGNATURE	s S, Wh	I alle	ATTENDING	MED. STAFF	22b. DATE SIGNED				
	MAIR	5 2, am	7	M.O. PHYS.	DIRECTOR L PHYS. L					
	22c. PHYSICIAN'S NAME (Type	ARLES S	- WHITAKE	CHO. AUKES C.	CARKSVI	LLE, MD				
23	30. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tow					
	REMOVAL (Specify)	9-6-66	Mt. Carmel		Sunshine, Mo					
	24. FUNERAL DIRECTOR	- 1	ADDRESS			ISTRAR'S SIGNATURE				
	Francis H.	Barber	Lay tons ville	PICLO DATE	SEP 7 1956	Miarles Judal				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral director, page 3 shauld be detached for use os the burial-transit permit. Then please remove corbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior ta burial, cremation, or removal, and dean event, within 72 hours ofter depts Page 4 may be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 by the funeral s. Pages 1 and 2... hours after death. CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montronery Montgomery Harvland MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers, Pag hin 72 hours a write RURAL and give nearest town) D.O.A. Silver Spring Silver S rine d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) please remove carbon papers. e. IS RESIDENCE ON A FARM? A STREET ADDRESS Holy Cross Mospital Red Oak Drive YES NO FE cuted within 3 NAME OF ± Middle DATE Month lost Year DECEASED Henry Shearer OF 14, 66 Landis Sept event, (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 7-10-19 9. AGE (In years NEVER MARRIED Dovs Hours in any *8********* Male White WIDOWED DIVORCED physicion and IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Operator INDUSTRY Restaurant COUNTRY? andi U.S.A. Frederick Co. Md. OR ATTENDING PHYSICIAN: The low requires that the death certificate. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, by the attending phy C. Rubie Landis Norma Bennett IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) (If yes give wor or dates of service) 0 Mrs. Lillian Landis- See- 2 abcd crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH with myre and IMMEDIATE CAUSE (at be retained by the hospital or ottending physician. DHE TO 0 burial, Conditions, if ony, which gove nse to immediate couse (a). DUE TO hos been s stoting the underlying couse prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? far use Heolth Atter this certificate his estated far NO 2Do ACCIDENT WAS LINDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work O FUNERAL DIRECTOR: After at work L shauld be 21. I certify that (I) (this haspital) attended the deceased fram. 1952 to sert 14, 1966, that (1) (we) last with the saw the deceased alive an aug 29 1966, and that death occurred at the M, fram causes and on the date stated above. 220. SLGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sydney Leoenthal director, p 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)

Mt. Olivet Cemeterv

Frederick, Md.21

Frederick, Md.

2So. REC'D BY REGISTRAR

21701

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Sept.19-1966

Berry C work with the best of the State of the Committee of the Commit Piers and State of the Martine of

shauld be filed with the funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12972

Reg. Dist No

					Keg. L	2131. 140.
1. PLACE OF DEATH a. COUNTY	any	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylan	here deceased lived. b.	If institution: Reside	ence before admission)
b. CITY OR TOWN (If o	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limit	s. write RURAL one	dive negrest town)
RURAL and give near	rest tawn)					give negress towny
Dickers		6 yrs.	Dicker	son	Rural	15-1
d. NAME OF HOSPITAL	L (If not in hospitol, give street	r oddress)	d. STREET ADDRESS	-		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Month 9	Day Year 2 19 66
	Jesse 6. COLOR OR RACE 7. MAR	Melvin	Lane 8. DATE OF BIRTH			R 1 YEAR IF UNDER 24 HRS
Male	White WIDOW		6/13/1909	lost b	irthdoy) Months	Days Haurs Min.
Oa. USUAL OCCUPATION during most of working	(Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign cauntry)	12. CI	TIZEN OF WHAT COUNTRY
	ete Products		Maryl	and		U.S.A.
3. FATHER'S NAME	, 00 11 0000 op		14. MOTHER'S MAIDEN I			
Richard F	. Lane		Susan Ma	ry Travis		
15. WAS DECEASED EVER I	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	NFORMANT		Address	
(Yes, no, or unknown) (If	yes, give war or dates of service}	13-03-8075 Mr	s. Jesse M.	Lane Di	ckerson,	Md. R.F.D
PART I. DEATH	H (Enter only one cause per I H WAS CAUSED BY: MMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	al Inf	-acrt,	Acute	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony gave rise to imm cause (a), stating the lying cause last.	mediate (even any A	yterio 3d	218078		YEARS
CATIC	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING L (IF EITHER, NOTIFY M	UNDERLYING [] 20b. DES CAUSE OF DEATH EDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Part II of ite	m 18.)	
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d. While at wa	Nat while for	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	n, 20f. (City or tawn)		(Caunty) (State
21. I certify that	t Lattended the deceas	sed from 14 MAVC	4 , 1966 , to 2	2- Sopt	1966, that 1 1	ast saw the deceased
alive an	Jept.	66, and that death	occurred at	M, fram the cau	uses and an th	ne date stated abave
0		- 4		ADDRESS (Street, city	ar tawn, state)	DATE SIGNE
ACTUAL SIGNATURE	of h M	Model	MD. Barn	69 VILO.	Mod	2- Supt 6.
		,		1		
PHYSICIAN'S NAME (Type) GC	ordon M. Smit	h	Barnes	ville, Md	•	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	y, town, ar caunty)	(State)
Burial	9/5/66	Monocacy		Bealls	ville	Md.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 1	/ 24a. REC'	D BY REGISTRAR 2	46. REGISTRAR'S S	IGNATURE
W. C. Hu	Sten Bas	mesulle 7	hed. DATE S	EP 7 196	36 gelia	when Judge

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours The hospital ar attending physician.

The After this certificate has been signed by the attending physician and campletely filled the After this certificate has been signed by the attending physician and campletely filled the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to be detached for use at the burial cremation, ar remayal, and in any event within 72 haurs after death. page 3 shauld be detached far use as the the registrar priar to burial, crematian, ar TO HOSPITAL OR may be retaine VS A15 (4) 15M 9/5B

12922 lives a marginal with the best dear and the contract of And the second of the second o The second of th Steam Street Frank I Lander Stay A. L. Market PERSONAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSONAL PROPE THE RESIDENCE OF THE RE HERVET JOHN STREET, BASSANSILLE, MAJES, LINE the fair of two level and the contract of the

ARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY IONTGOMER MARYLAND MONTGOMERY b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, NAME OF Middle DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician dong during most of working life, even if retired) ETIRED NN 131 FATHER'S NAME affending ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unkown) | (Ifyesgive war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SB prior 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, '2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While at work p.m. CTOR: 1959, 19 10 9-28 19 (c) that (1) (++++) last 21. I certify that (I) (Mis-hospital) attended the deceased from....... ...1966..., and that death occurred at 7.04%, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. HOSPITAL eath. Page FUNERAL irector, page e filed with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

IS RESIDENCE ON A FARM? NO 6

19

IF UNDER 24 HRS.

PERFORMED?

NO Z

(State)

22b. DATE

SIGNED

66

VR A15 (4) 1SM 7-62

à di 0

23a. BURIAL, CREMATION, | 23b -REMOVAL (Specify)

CHRELINE MANIE CHEKY PSA PHILADERPHIA JEH PHILADELPHIA HOE THOMAS X E. LANDOR TO P- 28 " EL 92 -10-81-3 RTIMES COLGOVIN YEARS TOP THEPPARD THOMAS ! WALLER MANGARET KANTER SAME ASTE choice if the Torple 18 now Junes Permi Menis Perry NEFE Grande All Sher Sony The DIRECT K-1-66 CHEER HEREN CEHE SHUER SPRING IMB. and the state of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	a. COUNTY MONTGOMERY MARYLAND	a. STATE MARYLAND b. COUNTY MONTGOMERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pracest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bella Vista Nursing Home	d. STREET ADDRESS 3006 Lindale Ave 0. IS RESIDENCE ON A FARM? YES \(\sum_{NO} \) NO
	NAME DF DECEASED (Type or print) OSCAR CALVERT LETZEA	DEATH 5000 2, 19 00
	Male Caucasian WIDOWED DIVORCED	8. DATE OF BIRTH July 6, 1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min. Min. Hours Min. Hours Min. Min.
dur	e. USUAL OCCUPATION (Give kind of workdone industry life, even if retired) Retired Farmer Farm	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph Leizear (deceased)	Kate Calv rt
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 259 Congressional Lane
1		s. Lucile Hixson, Rockville, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onset and death 3 days
	DUE TO	
	Conditions, If any, which I (or gettine)	he and failure & from hopeningies / weell
	gave rise to immediate (cause (a), stating the DUE TO	
	underlying cause last. (c)	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	DEDECOMED?
ICA	1) Strable 2) Henerale	yed arteriocellevis YES NO []
. CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from	
		t death occurred at/2:3 dM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S M.D.	D. PHYS. DIRECTOR PHYS. 1 7/2/66
	NAME (Type) Patrick Jameson	22d. ADDRESS 11718 Deorgia Ave, Wheaton, Md.
23a.	BURIAL (Specify) Sept 5,1966 Burtonsville U	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) Union Cemetery, Burtonsville, Maryland
24. Ha	rold S. Wade, 550 Wash. Blvd., Laurel, Maryl	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-		DATE SEP 7 1966 Policy Judge

VR A15 (4)

a la company de la company The state of the second second the section to the arrest of the THE COLD SECTION OF STREET PROPERTY OF THE SECTION OF S ASSERT AND THE RESERVE OF THE PARTY OF THE P FOR STATE HEALTH DEPT

necessary, please director. Page far your files. Baard of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the ward "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the fig. 4 should be if ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be restored. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, crematian, or removal, and in any event within 72 hours after death.

2 6 7 2 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12975 Reg. Dist. No.

	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
	O	MONTY MONTARMETY MARYLAND	O STATE MARY DO 6 B. COUNTY NO	intannera
	Ь	. CITY OR TOWN (If outside corporate famile, write RURA C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
		Cheven Chase - 4 yr.	Chery Chase-	15-1
	d	NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
g.		35:25 Wood bine Street.	3525 Wood bine St.	YES NO
	3	MAME OF First Middle McECEASED (Type or print)	Lost 4. DATE Month OF DEATH SEPT	27 19 £1
	5. 5	1101103	DATE OF BIRTH 9. AGE (In years IF UNDER 1	
		M. W. WIDOWED DIVORCED	lend breshelmt	ays Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	300	xecutive-Accountant	North Carolina U	J. S.
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
		Louis Patterson Lewis	Daisy Gertrude Dudley	
	15. [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Wife Address Same	as Item 2.
		Yes WW II 718-12-8859	Wite FAnnie. Lewis	00 200m 2
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ASPHOXIZ	due to Hanging	2 min.
	Ш	DUE TO		
		Conditions, if any, which) (b)		
		gave rise to immediate cause (a), stating the underlying DUE TO		
		couse last. (c)		
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
F	3			YES NO NO
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING	nter nature of injury in Part I or Part II of item 18.)	
		CAUSE OF DEATH. 14 Ung - 3elt - Co	Clothes line around . wick -	
	MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	ly) (State)
	MEC	Hour on M. 9/ 27 19 66 While Not while of work of work	Heme Cherry Chere. M	ont. Md.
		21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry	X, and in my
		opinion death resulted from: Natural causes [], Accident [], Suicide X, Homicide, Undetermined m	anner 🗌
		ACTUAL Orling Ball	CHIEF MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE JAMES JAMES	ASSISTANT MEDICAL EXAMINER () 9/27/6/	
2		EXAMINER'S NAME (Type) JOHN G. BALL	DEPUTY MEDICAL EXAMINER & Bethesda,	Maryland
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
B	ur	rial-transit 9-28-66 Pine View Co	emetery Rocky Mount. No.	Carolina
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE,
	H	OBERT A. PUMPHREY, Bethesda, Mary	yland DATE OCT 3. 1956	es judge.

wildows to a series to the content of the second of the se THE THE WALL STEEL STEEL

24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12976

1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	Montgomery County MARYLAND	a. STATE New York b. COUNTY Bronx 52
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
W.	TakomaoPark 9-16-66.9-26	49-3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Washington Sanitarium Hospital	1600 Jessup Ave. YES□ NO □
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Pearl Lieb	erman DEATH 9 26 1866
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min.
F	emale widowed Divorced	4/10/97 69 yrs.
1Da dur	. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife	Austria United States
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Abfaham Schenholz	Sylvia Chameides
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	NFORMANT Address
		Hosp. records
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion	tear taline
	DUE TD O	
	gave rise to immediate (b) Criteriosellivity	e Hear house from
	cause (a), stating the DUE TO	No. of the second secon
Z	underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
ATIC	PARTITION THE STUMP TO ANTI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	PERFORMED?
FIC	20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury In Part or Part of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KKED. (Enter nature of injury in Part I of Part II of Item 18.)
MEDICAL	fantam	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)
MED	Hour a.m. While Not While p.m. 19 at work at work	3, 311001, 011100 011181, 010.)
	21. I certify that (I) (this hospital) attended the deceased from	Jen 16, 1966, to Sen 124, 1965, that (1) (we) last
	saw the deceased alive on 52 x 2 6 19 66, and that	
	22a. SIGNATURE	ATTENDING MED. STAFF C 22b. DATE SIGNED
	M.D.	PHYS. DIRECTOR PHYS. 1 19 26 76
	22c. PHYSICIAN'S NAME CAPE RIS RABKIN, M.)	1019 University Blod East
23a		OR CREMATORY 23d. LOCATION (City, town or county) (State)
	BURIAL 9-28-66 BETH DAVID	CEMETERY ELMONT - L.I. N.Y.
24.	FUNERAL DIRECTOR ADDRESS 3501-	14th 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Bernard Danzansky & Sons St.NW, Wa	ash. Deate SEP 28 1956 Meanles Jung

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12023
CERTIFICATE OF DEATH
12077

	1.000	4
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
Montgomery	District of Columbia	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Silver Spring 15 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Washington d. STREET ADDRESS	4 e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (II NOT IN NOSPITAL, give street address)	d. STREET ADDRESS	ON A FARM?
The Althea Woodland	4905 Greenway Dr. N. W.	YES NO
3. NAME OF First Middle GECEASED (Type or print) Bertha H. Lindsay	Last 4. DATE Month OF DEATH Sept. 30	Day Year
	B. DATE OF BIRTH 19. AGE (In years LIFTINDER)	YEAR IF UNDER 24 HRS.
female white WIDOWED TO DIVORCED N	Tov. 11 1876 89 birthday Months	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
Housevife At Home	Maryland U.	INTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ames Irvin	Bertha Mann	
(Yes no or unknown) (If yes nive war or dates of service)	INFORMANT Green Acr	es. Md.
No 578-44-3973Gra	ice Lindsay 4905 Greenway	XXXXXXXXX
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCUERO TIC	HEART DISEASE	17 Me.
DUE TO A		
conditions, if any, which gave rise to immediate (b)	OSIS O'ENISRAL	2 41.
cause (a), stating the DUE TO		/
underlying cause last. (c)	TED TO THE TEDMINAL DISEASE SONDITION OF THE DARK TAN	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
factor	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)
Hour a.m. p.m. 19 While Not While at work at work	J, od oot, omoo sidgi, oto.,	
21. I certify that (I) (this hospital) attended the deceased from		_, that (I) (we) last
	death occurred at 1200M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED GTAFF	TE SIGNED
22c, PHYSICIAN'S M.D.		30-66
NAME (Type) LED M. CURTIS	8218 WISCONSIN AVE , BETHERA	K, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)
Burial 10/3/66 Loudon Pank	Cem Baltimone Mo	7
24. FUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTBAR'S	STGNATURE
Jos. Gawler's Sons, Washington, D.	C. DATE OCT 5 1956 Clearly	es Judge

VR A15 (4) 15M 4-64

The company of the co St. Anna Theoreta, all had a re-Temple this work to the second to the second and the second of the second o get tutte yoursers 2000 realment and the con-

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12984

CERTIFICATE OF DEATH

12978

	1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution	
	m onto one	MARYLAND	maryla	b. COUNTY	nlamery
	b. CITY OR TOWN AT outside carparate lines,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	itside corparate limits, write RURA	L and give nearest town
	write RURAL and give nearest town)	17 dup.	Beike	ada	15 1
r	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspi	tal, give street address	d. STREET ADDRESS	2 0	e. IS RESIDENCE ON A FARM?
	Subuchon Ho	spital	80187	ack hone	YES NO
	3. NAME OF DECEASED	Middle	O Lost	4. DATE Month	Day Year
	(Type or print)	0. 9	ungo	DEATH 7	13 1966
	S. SEX 6. COLOR OR RACE 7. MARR	4	B DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	F Cau WIDOW		314/18	95 71 yrs.	6 9
	1Da. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired) Housevife	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	Λ	14. MOTHER'S MAIDEN	NAME	
	TT De	al	Len	a Mu	ller
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_no, ar unknown) (If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17. II 215-48-5873	NFORMANTCharl	es M. Lingo dddress	10.1
F	IB. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lrenal hemorrhage	and insuff	iciency	ONSET AND DEATH
	DUE TO				
	Canditions, if any, which gave (b)	shock			
	stating the underlying cause DUE TO				
	last. (c) <u>S</u>	sepsis			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20		E OF INJURY (Hame, farm		(County) (State)
	Haur a.m. 19 at p.m.	Vhile Nat While tocto	ary, street, affice bldg., etc.)		
	21. I certify that (I) (this haspital) at				, 19 <u>66</u> , that (I) (we) last
	saw the deceased alive on	19 4, and that	death accurred at	11 3 M, fram causes or	nd an the date stated obave.
	220. SIGNATURE	uffer M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 9-14-66
	22c. PHYSICIAN'S J. P. McCar	mi ol	22d. ADDRESS 8		
	NAME (Type) J. P. McCar	LICK	Be	ethesda, Mary	land
	23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town	
	Burial 9-16-66	Potomac Met		<u> </u>	Maryland
3	PUMPHREY, ROBERT A. PUMPHREY,	Bethesda, Man			strar's signature

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peece temper carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

12978 12978 16 THE RESERVE OF THE PROPERTY J. re., Monarreal Description of the London State of the Line of t MALTANA PARAMETER PROGRAMMENT the produced should be will be a like to

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

isoner rother

10000

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

19070

	1600	3		CI	.KIIII KAI		LAIII				631	29		
	PLACE DF DEATH					2. USUAL	RESIDENCE (Where dec	eosed lived, i	finstituti	on: Resider	nce before	e admissio	on)
	Montgom	ery			MARYLAND	o. SIA	ľ.	Me	ontgo	mer	y			
	b. CITY OR TOWN (II	outside corporate limits	,	c. LENGTH O	OF STAY IN 16	c. CITY O	R TOWN (If ou	utside corp	orote limits, v	write RUR	AL ond giv	e neores	town)	
	Takoma	Park (Park				Si1	ver S	Spri	ng			15	-1	
	d. NAME DE HOSPITA	L OR INSTITUTION (If no	t in hospital, g	give street add	ress)	d. STREET	ADDRESS					6	ON A F	
	Washing	ton Sanit	tarium	and_	Hospit	a1 1	300 M	lile:	stone	dr		·	YES 🔲	ND 🔀
3.	NAME OF DECEASED	Fi			ddle	Lo	st	4. DAT	E	Mont		Day	Yeo	
	(Type or print)				Linkou			DEA			ptem		149	66
S.	SEX M	6. COLOR OR RACE	7. MARRIED		MARRIED	8. DATE OF	BIRTH 1903		9. AGE (In	yeors hdoy)	Months	Days	IF UNDER Hours	Min.
-			WIDOWED	الما	DIVORCED					y15.	1 30 6	7.751.05	VALLAT	
	ing most of working.			IND DF BUSINE	22 OK	II. BIRIF	IPLACE (County					ITIZEN OF DUNTRY?		
10	repai	rman	SCAL	15ports	7 ton	L 14 MADTE	Roanc IER'S MAIDEN		Virgi	nia			USA	
13.		. 7 . 1				14. MDIS								
15		r Linkous		SOCIAL SECURI	TY NO 17	INFORMANT	Len	na W	1118	Addre	22.0			
		(If yes give war or dotes o	f service)						7.31.					
-	I 10 CAUSE OF DE	ATH (Enter only one cou		25-05-		Mrs.	EISIE	G.	Link	ous		TINT	RVAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY:	14	(0), (0), dila (Cur	one	11 3	200	lua	10			ET AND D	EATH
	4201	IMMEDIATE CAUSE	. ,	revect		7,-00	7		- Con			-	5 m	<u> </u>
	Conditions, if ony,	which gove	(b)				0							
	rise to immediate		то						E35.4				-38.4	
	lost.)	(c)								141			
Z	PART II. DTHER SIG	INIFICANT CONDITIONS C	ONT RIBUTING 1	TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE CDI	NDITION G	IVEN IN PART	1(o)		19.	WAS AUTE PERFORM	PSY ED?
SATIO									1000			YE		NO 🔀
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING		20b. DE	SCRIBE HOW I	NJURY OCCURRED	D. (Enter notur	e of injury in	Port I or I	Port II of item	18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	1 001 11	Maria Coccusto	- Loo -		V (1)	1 000	(7)		16			C1
MEDICAL	20c. TIME OF INJU Hour o.m		While	NJURY OCCURR		LACE OF INJUR octory, street, o			(City or I	rown)	(co	ounty)	(Stote)
-	p.m		ot war			C1, 14	0	10 6-6-	A- [10.	-	/ 10	1/14	at (1) (1.
	21. I certif	y that (I) (this has	des orien	2/ 19	66 and th	at death o	ccurred of	7:00	M from	OUSES	and on t	the dot	oi (i) (woj ic
	220. SIGNATURE	10	4		^		-			1	_	DATE, SIGNI		
		Kusseli	B	arn	ved!	M.D. PHYS.	OING R	MED. DIRECTOR	STA PHY		1 9	114	4/61	5
	22c. PHYSICIAN'S	D		0	1000	22d.	ADDRESS //	106	Spr	rin	9 5	ナーア	eet,	
	NAME (Type)	Kussel.	1 13.	Hrno		18.		5.11	vers	gr	ing	m	R.	
23	BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME	OF CEMETERY OF	R CREMATORY	7	23d.	LDCATION (G	ty or Toy	wn)	(County)	1)(5	tote)
	Quin	9/1	1/66	1 /	4/1	el Co	Tos pro	D DV DEO	Kou	OCH DE	CICTO A D'C. A	/6C		
24	1. FUNERAL DIRECTOR	11 /	. /	ADD	(55)	17,1	DATE S	D BY REGI	0 196		GISTRAR'S S	1.0	Jud	4.6
1 1	8 V8 12 ,	11.11.1	- D d -	dry SON	211-11	1/4	I DATE	EF Z	11 136	0	I - we	run	July	-

cuting a could appear a

2 and 2

Pages 1

completely filled in by the funeral

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by th director, page 3 should be detoched for use os the burial-transit permit. Then please remove corbon papers. Pag should be filed with the State Dept. of Health prior to burial, crematian, or remavol, and in any event, within 72 habrs.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12935	CERTIFICATI	E OF DEATH	12300			
PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceose o. STATE Maryland	d lived, if institution: Residence before odmission) b. COUNTY /			
h CITY OR TOWN Of auteida comorata limite	LENGTH OF STAV IN 16	C CITY OR TOWN (If outside corporate	a limits write PIIPAL and give negrest town)			

Montgomery			MARYLAND		Mar	yland		Illen	200		V
b. CITY OR TOWN (If outside corporate limits,			c. LENGTH OF STAY IN 1	LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and giv			RAL ond give	nearest	town)	1	
write RURAL ond give neorest town Bethesda (rural)			10 days		Rockville			1.5-1			
d. NAME OF HOSPI	ITAL OR INSTITUTION (If no	ot in hospitol, (give street oddress)		d STREET ADDRESS				е	. IS RESI	
Nava:	l Hospital				4802 Creek	Shore	Drive	200	Y	ES	NO 3
3. NAME OF	Fi	rst	Middle		Lost	4 DATE	Mont	h	Day	У	109
(Type or print)	Elsie		Beatrice		LOVE	OF DEATH	Septem	ber 29	9	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		IF UNDE Hours	R 24 HR
Female	Cauc	WIDOWED	DIVORCED [Jan. 21, 18	93	last birthdoy) 73 yrs.	Monins	Doys	HOUIS	min.
10o. USUAL OCCUPATIO	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		eign country)	12. CITE		WHAT	
during most of working	g life, even if retired) -cashier	IN	DUSTRY		New York	City.	N.Y.	COU	INTRY?	USA	
13. FATHER'S NAME	Cabinital				14. MOTHER'S MAIDEN I						
Anmet	Bukmaier				Mary Rath	geh					
15. WAS DECEASED EV	YER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. II	ICO DALABIT	ville	Addre	ss Md.	-		
(Yes, no, or unknown)	(If yes give war or dotes	of service)	0-24-5820	TVI-	r. Bernard		ton 480		ok S	Shor	e Dr
	DEATH (Enter only one co			1,1	. iciliai u	0. 000	70011, 400	016		RVAL BE	
				VCRF	AS WITH MAS	STVE (OF METAS	TASTS	ONS	ET AND	DEATH
IFTY	DUE		2210121 02 1111	1020	712,211 1111	JOZ 421 (01 1111110	111010			
Conditions, if an											
rise to immedia	ote couse (o),	(b)		-							
stoting the und	erlying couse	(c)									
	CICNIEICANT CONDITIONS		TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	IDITION CIVEN	I IN PART I/o)		19	WAS AUT	YZGO
PAKI II. UINEK .	SIGNIFICANT CONDITIONS	UNIKIDUIINO	TO DEATH BUT NOT KELATE	.D 10 1.	TE TERMINAL DISEASE CO	IDITION GIVE	4 III I AKI 1(0)			PERFORA	AED?
A ACCIDENTAN	THE HUNDROLL STATE OF THE STATE	T not no	CCOIDS HOW IN HID VOCCII	DDFD (fotos and us of latino, in	Don't Los Don't	II of item 10)		TE	XX2	NO [
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCU	KKED. (ciner noture of injury in	FULL OF PORT	ii of item (6.)				

2De. PLACE OF INJURY (Home, form, (City or town) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED

Not While at work

21. I certify that (t) (this hospital) attended the deceased fram Sept. 19, 1966, ta Sept. 29, 1966, that (t) (we) last saw the deceased alive an Sept. 29, 1966, and that death accurred at 815P M, fram causes and an the date stated above. 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS.

23c. NAME OF CEMETERY OR CREMATORY

M.D. 22c. PHYSICIAN'S NAME Type) J. E. DAVIS LT MC USN

22d. ADDRESS

Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) (County)

REMOY(44 (Specify) Gate of Heaven Cemetery W. Chambers Co. ADDRESS W. 24. FUNERAL DIRECTOR 1400 Chapin St., N.W. Washington, D.C.

23b. DATE THEREOF

foctory, street, office bldg., etc.)

2So. REC'D BY REGISTRAR

Hawthorne, New York 2Sb. REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

30 Sept. 1966

(Stote)

(Stote)

40060

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been

MEDICAL

230. BURIAL, CREMATION,

.T.I (CID) How well. T. Secretary in the second 10/1/66 the complete the control of the cont

1298	37	CERTIFI	ICATE OF DEATH		12981
PLACE OF DEAT o. COUNTY	H Montgomery	MARYL	O STATE	Where deceased lived, if institute b. COU	non: Residence before odmission) NIYMontgomery
write RURAL	N (If outside corporate limits ond give nearest town)		c. CITY OR TOWN (If our Bethes	itside corporote limits, write RU	RAL and give neorest town)
d. NAME OF HOS		t in hospitol, give street oddress)	d. STREET ADDRESS 7010 Py1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire Edith	st Middle C	Loveless	4. DATE Mont	
s. sex Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In yeors lost birthdoy) 75 yrs.	Months Doys Hours Min.
IDo. USUAL OCCUPAT during most of work HOUSET 13. FATHER'S NAM	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Pennsyl 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
Anthon Is. WAS DECEASED	y Schladt EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURITY NO.		ne Howard Addr	ess
	(If yes give wor or dotes of	f service) 215-24-508 se per line for (a), (b), and (c).)	Mrs. Mary	Kay- DtrS	INTERVAL BETWEEN
Conditions, if a rise to immed stoting the unlast.	diote couse (0), didentying couse	10 Pulmours		is ou.	mouths year
PART II. OTHER	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o)	P9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)		CURRED. (Enter noture of injury in		
Hour Hour	iNJURY Month, Doy, Yeor o.m. 19	While Not While ot work	2De. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County) (Stote)
	deceased alive on	pital) attended the deceased to 19 06, a	and that death accurred at	P.M., fram causes	and an the date stated abave
22c. PHYSIZI	AN'S POLICE	Williams	M.D. ATTENDING PHYS. 22d. ADDRESS 83/Claure	MED. DIRECTOR DISTAFF PHYS. C	Sept 4, 1960 Scherspring
230. BURIAL, CREM REMOVAL (Spe	ecify)	REOF 23c NAME OF CEMEN	TERY OR CREMATORY	23d. LOCATION (City or To	
24. FUNERAL DIRE		ADDRESS	Heaven Cem 250. RECI	D BY REGISTRAR 25b. RI	EGISTRAR'S BIGNATURE

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

1203 Particular and the particul All produced the substitution of the last of the second product of the second product of the second product of death. Page 4. A be retained by the hospital or attending physician.

TO FUNERAL

TO FUNERAL

TO FUNERAL

TO FUNERAL

TO FUNERAL

State of state of the state of

VR A1S (4) 1SM 7 61

10000

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH MENTGOMERY MARYLAN	2. USUAL RESIDENCE (Where decessed lived, If institution Residence before o. STATE Hangland b. COUNTY Hongone	edmission.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN write RURA) and give nearest fown) Rural Germantown / Gylanz	11b c. CITY OR TOWN (It butside corporate limits, write RURAL and give nearest to	sveh)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON	RESIDENCE N A FARM?
3. NAME OF DECEASED OF First Middle	A dast 4. DATE O Month Dey Ye	
(Type or print) Simestselt Kilson	Juhn DEATH September 29 19	166
Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH Oct - 17-1908 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1	ER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) French on County Rocks Mexigenery Comm	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COUNTRY
Jeorge Washington Juhn	Amelia May Reid	
(If WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wer or detes of service) 213-01-1835	Agnes B. Juhn Pente I germantown, Me	1
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A-Cutte	Cosonary Occlusion Interval 81 ONSET AND 2 From	DEATH
Conditions, if eny, which (b) Carcline on	ngma Int	el
gave rise to immediate cause (e), steling the underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS PERF YES	AUTOPSY FORMED? NO
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e While Not While et work et work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(State)
21. I certify that (I) (this hospital) attended the deceased from	om fift - 17-, 19 to Set - 24, 19 to that (1)	
220. SIGNATURE William Co. Miller		SIGNED
22c. PHYSICIAN'S NAME (Type) WILLIAM C. MILLER, M.	D 7-Brocks Ave, gaithersburg, Md	113.1
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)		(State)
Burial 9-29-06 Monocacy	Beallsville , Mont. M	1d.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis H. Barber Laytonsville, Md	277 - 1-22 201 8 0	de
1		4

12982

4

30-25-66

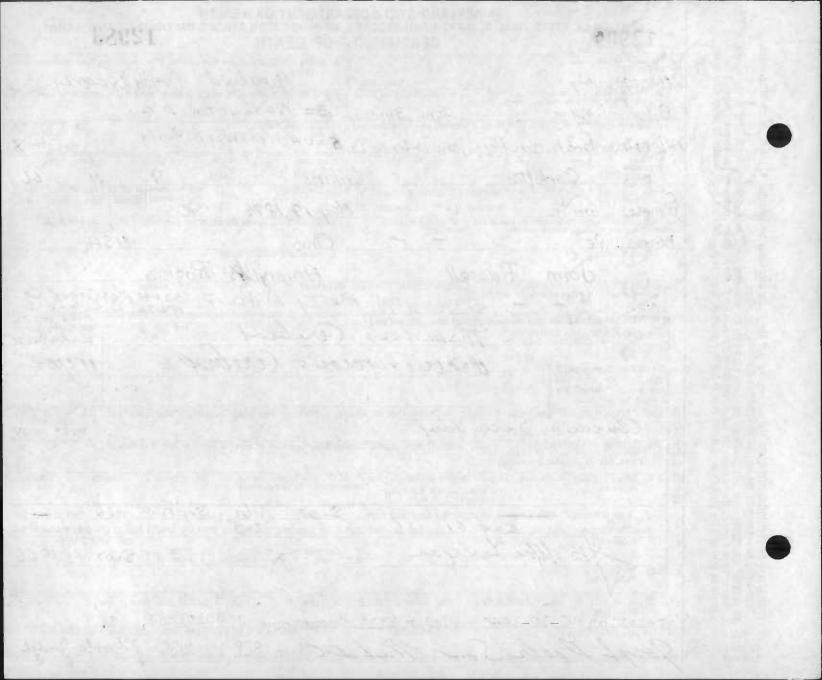
Manacacy

rangis H. Barbor Lavtoneri s. Ed.

Beallsville , Mont. Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE A, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. W PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the furnishment by the furnis after Hontoomers MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Le outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WesTWOOD 5204 NO X YES executed within completely carbon NAME OF DECEASED DATE Month Day Year Last 4. and converged arborners, we event, w OF OEATH (Type or print) 19 66 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 7. MARRIED NEVER MARRIED last birthday) Months I and any e Davs Hours WIDOWED 7 DIVORCED 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 17. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? housewif attending physic ermit. Then plea FATHER'S NAME MOTHER'S MAIDEN NAME removal ogers 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address certificate has been signed by the attended for use as the burial-transit permit.

t. of Health prior to burial, cremation, or r death (Yes, no, or unkown) | (If yes give war or dates of service) 5204 esiwood 200 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: datiown The law requires that the or attending physician. IMMEDIATE CAUSE DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? CATI NO Y YES PHYSICIAN: T CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached fould be filed with the State Dept. of MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While þ TTENDING p.m. 19 at work at work to Sept. 11 be retained 1960 1966 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 2001M, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE DATE SIGNED MED. M.D. PHYS. DIRECTOR PHYS. Page 4 may 1 PHYSICIAN'S ADDRESS 22c. director, p NAME (Type) BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Suitland remation 2-1966 Cedar Hill 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH

				~ -				
1. PLACE OF DEATH a. COUNTY				itution: Residence before admission)				
Montgomery	MARYLAND	a. STATE North Carolina b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 10	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Bethesda 12	28 Days	Chapel Hill						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
The Clinical Center, Bethesda,			niversity Dri					
3. NAME DF First DECEASED	Middle	Last 4.	OF	Day Yeer				
		MacFadyen	DEATH Septemb					
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 2 8	. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.				
Male White WIDOWED	DIVORCED 1	1 April 1947	19 yrs.	mondia baya irosis imit.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Student		Pennsylvan		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
Loudon E. MacFadven		Violet	Ornsby					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unkown) (If yes give war or dates of service)	SECURITY NO. 17.		dical Records					
No Non	e The	Clinical Ger	ter. Bethesd	a. Marvland				
18. CAUSE OF DEATH [Enter only one cause per line for (I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	Bronchopne	nimonia		ONSET AND DEATH				
	Pronenophe	dinonia		1 WOOR				
DUE TO		a Taulaamia		2 700 70				
Conditions, If any, which gave rise to immediate (b) Acute L	ymphoblasti	C Lenkemia		2 years				
cause (a), stating the DUE TO								
underlying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Renal Insufficiency				YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW INJURY OCCUP	RRED. (Enter nature of Inju	ary in Part I or Part II of	Item 18.)				
	OCCUPED 1200 DIAC	E OF INJURY (Home, farm,	2Df. (City or town)	(County) (State)				
0		y, street, office bldg., etc.)	2DI. (OILY OF LOWII)	(Oddity) (State)				
	t work		7 10 1	// 3/3/				
21. I certify that (4) (this hospital) attended the	deceased from_25	April , 19 6		_, 1966_, that XX (we) last				
saw the deceased alive on 4. September	19_66_, and that	death occurred at 9:4	2M, from the causes a	and on the date stated above.				
22a. SIGNATURE		ATTENDING - MED	CTAFE	22b. DATE SIGNED				
well werster	M.D.	PHYS. DIRE	CTOR PHYS. X	Sept. 4, 1966				
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS The	clinical Ce	nter, National				
Joel J. Rubenstein	, M.D.	Institutes	of Health, B	ethesda, Md.				
	NAME OF CEMETERY		23d. LOCATION (City, tox					
FREMOVAL (Specify) 9/5/66 Ch	apel Hill	Mem.Park	Orang	e Co. N.C.				
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D E		GISTRAR'S SIGNATURE				
The S,H. Hines Co 2901-14	th.St.N.W	. D. C SE	P 8 1966	Thanks Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4)

20M 1/65

21.09

122 Days Cusped Hill

The Calminal Center, Lectures, Maryland - 313 and University orders

and for an extend of

Long Lyanda allaw Lyangari

Tomas of the called a terror, declared, barry and

attention I verpoble it is beginning

Louise I section

and the state of t

A Saptember (veo)

The Clinical Capter, Lablager

Nort 5. Statements, A.J. In statement of health, whitest, at.

sylve in the second of the sec

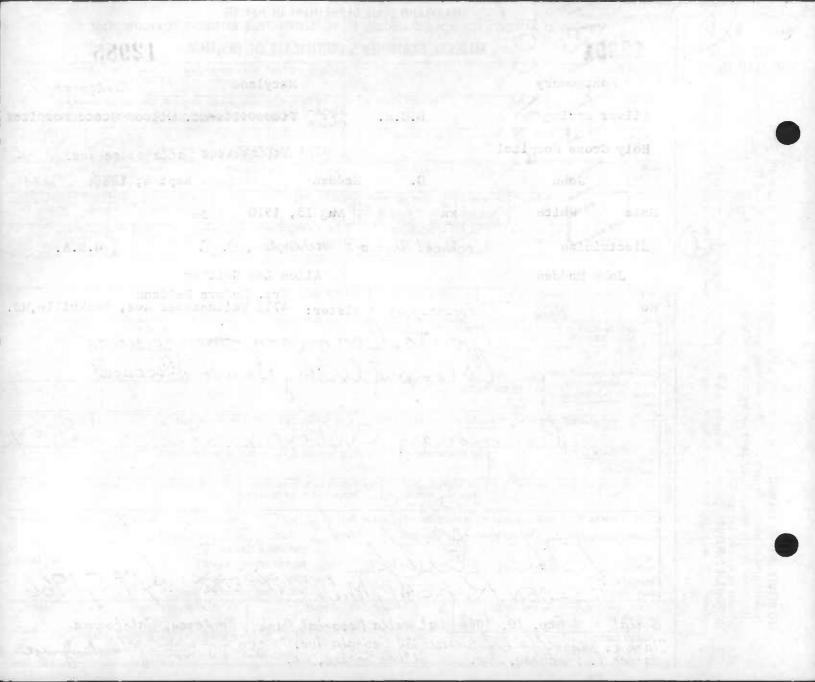
. D. C. W. T. du . du La . 1095 ou am 10, 5,2 mil.

MARYLAND STATE DEPARTMENT OF HEALTH

Sep. 10, 1966 Val Halla Menorial Park Monterey, California or Clark & Wiser 8454 Georgia Ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE SUPPLY, 200. Silver Spring, MilDATE SEP 13 1966 Charles Judge

- 1			Division of STATIS	TICAL RESEA	RCH AND RECO!	RDS, 30	1 W. PRESTON STR	EET, BALTIMORE, M	ARYLAND 2120	1
FOR STATE		1299	1	MED	ICAL EXAMIN	NER'S	CERTIFICATE O	OF DEATH	12985	
EALTH DEPT.		PLACE OF DEATH						Where deceased lived, if		befare admission)
ay is 3 ta Page ent of leoth.		. COUNTY Mor	tgomery		MAR'	/LAND	o. STATE Mary	and	COUNTY Mont	gomery /
TO . 20		CITY OR TOWN (If autside carparate limit	S,	c. LENGTH OF STAY			utside carparate limits, wi	rite RURAL and give n	nearest tawn)
2, and 2, and PM3. I portme after di			Spring town)		D.O.A.		Tille Pilon	odalie en coch	Hilbookste	textospics
T, 2, 1, 2, m I I, 2, Depo			TAL OR INSTITUTION (If no		ive street address)		d. STREET ADDRESS		15.1	e. IS RESIDENCE ON A FARM?
for the out			coss Hospita	al			4713 8XX	AXXXXXX Jal	lahassee !	ALXES NO NO
with with 72		NAME OF DECEASED (Type or print)	John	rst	Middle G.	Ma	adden lost	4. DATE OF DEATH Sep	Manth t 4, X905,6	Day Year
3 3 3	S.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCEI		8. DATE OF BIRTH Alag 15, 191	9. AGE (In your last birtho	ears IF UNDER 1 YI day) Manths D	EAR IF UNDER 24 HRS. Days Haurs Min.
	10a duri	USUAL OCCUPATION	N (Give kind of wark dane life even if refired) .cian	10b. KI	ND OF BUSINESS OR CUSTRY Kheed Aire	not	11. BIRTHPLACE (State Washingto		12. CITIZE COUN	EN OF WHAT
ner's	-	FATHER'S NAME		1200			14 MOTHER'S MAIDEN			
kamine ile pag		John	Madden				Alice Le	e Gaither		
	15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	OCIAL SECURITY NO.			Medora Pel Tallahasse		ckville.Md
f Medical it permit. removal,		18 CALISE OF D	None EATH (Enter anly ane cau		(a) (b) and (c)	1	.scer.		2 - 5	INTERVAL BETWEEN
onsit or re		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE		into-	0	romare	mont	Piciano	ONSET AND DEATH
o the Chiet burial-tronsit mation, or re		4201	DUE	P. Committee		1	1-1		1.	
be used as a burial- r ta burial, cremation		Conditions, if any		(b) (b)	Lonar	16	Cretery N	eart of	usease	
a burial-tr cremation,		nise to immediate		TO		Y	1			
S		last.	10021	(c)						1000
used o	NO.	PART II. OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING T		ATED TO	THE TERMINAL DISEASE CO	NOTION GIVEN IN PART I	(a)	19. WAS AUTOPSY PERFORMED?
to to	CERTIFICATION	20a. EXTERNAL CA	HISE WAS	201 055	COLOR HOW INTROV	CHIPDED	(Enter nature af injury in	Part Lar Part II of item	10 \	YES NO
should it, prior	CERTI	PRIMARY Or CO		200. Dt.	SCRIDE HOW ING KI O	LCOKKED.	(Lines natione at injury in	Turr or run in or nem	10.7	
sho t, fr			URY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PL/	CE OF INJURY (Hame, fari	n. 20f. (City ar to	wn) (Caunty	y) (State)
ige 3 sh ogent,	MEDICAL	Haur a.s		While at wark	Nat While at wark	fac	tary, street, affice bldg., etc.)		
ed ed		21. I certif	y that I took charge			ave. h	eld an Autapsy ,	Inspection V.	Inquiry X,	and in my apiniar
108		death resul			Accident		ide , Hamicide			
ained far y RECTOR: Pa		ACTUAL	1700	7	1//	1	CHIEF MEDICAL			
L D		ACTUAL SIGNATURE	Jewi	4	, Olaf.	2		DICAL EXAMINER	1	22. DATE SIGNED
5 moy be retained far yaur TO FUNERAL DIRECTOR: Page Health or its designated oge		EXAMINER'S NAME (Type)	BELDEN	R	KEAD	M	Address (Street	AL EXAMPLES (1, city, town, oc county)	sept, 5	,1966
Feel Health		8URIAL, CREMATIC		EREOF	23c. NAME OF CEM	TERY OR	CREMATORY	23d. LOCATION (City	ar Town) (Co	aunty) (State)
unhare 1		Burial (Specify	Sep. 10	, 1966	Val Hall	a Me	morial Park	Monterey	Californ	ria

VR A15ME (5) 6M 1/66

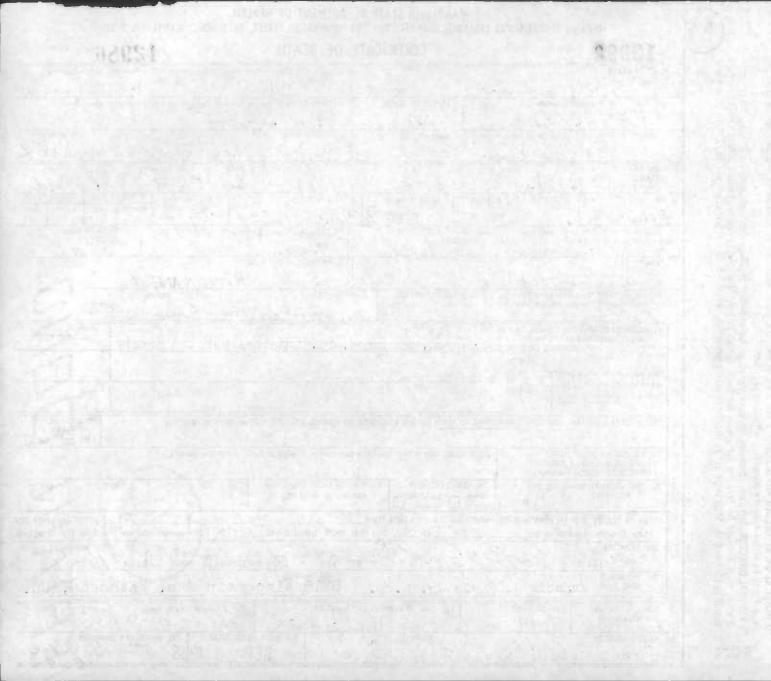


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	12992	CERTIFICATE	OF DEATH	129	86			
	PLACE OF DEATH O. COUNTY MONTGOYNE	2 v~ y MARYLAND	2. USUAL RESIDENCE (o. STATE M.d.	Where deceosed lived, if institution: Reside b. COUNTY				
	b. CITY OR TOWN (If outside comprote limits, write RURAL and give nearest rown) LETHES DA d. NAME OF HOSPITAL OR INSTITUTION (If not		D	especial corporate limits, write RURAL and gi ESDIF Chevy Chase D	e. IS RESIDENCE ON A FARM?			
3.	NAME OF DECEASED (Type or print)	Middle Marie	MAKI Lost	4. DATE Month OF DEATH SEPT	Doy Year 16 1966			
S.	SEX 6. COLOR OR RACE :	7. MARRIED NEVER MARRIED 5 WIDOWED DIVORCED 7	Date of BIRTH Tune 24 19	9. AGE (In years last birthdoy) Months	R I YEAR IF UNDER 24 HRS Doys Haurs Min.			
dur	DUSUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) ABOR NELATIONS BOARE FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY U. S. TOU'T.	11. BIRTHPLACE (County 7: 2/and 14. MOTHER'S MAIDEN	e c	ITIZEN OF WHAT OUNTRY?			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of s	ervice)	Edla NFORMANT aughter-Eli	HYVONANEN Address Z. NYE - SAME AS	#2,			
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	per line for (o), (b), ond (c).) Aneurysm, ruptured)	0	rnal carotid artery	INTERVAL BETWEEN ONSET AND DEATH			
ATION		TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form ory, street, office bldg., etc.)		ounty) (Stote)			
	21. I certify that (I) (this hospital) attended the deceased fram 8 - 31, 1966 ta 9-16, 1966, that (I) (we) las saw the deceased alive on 1966, and that death accurred at 822AM, fram causes and an the date stated above							
	220. SIGNATURE 220. SIGNATURE MED. STAFF 9-66-66 221. PHYSICIAN'S 222. ADDRESS							
	NAME(Type) Francis J.		8218 Wis	consin Ave. Bet				
0	o. BURIAL, CREMATION, REMOVAL (Specify) 9-19-	66 CEDAR HILL	(REMATORY	23d. LOCATION (City or Town) SUITLIAND D BY REGISTRAR 2Sb. REGISTRAR'S	(County) (Stote)			
1	4. FUNERAL DIRECTOR OS. GAWLER'S SONS S	VASHINGTON D.	DATE S		wes Judge.			

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits) CLENGTH OF STAY IN 1b c CITY OR TOWN outside corporate limits, write RURAL and give nearest fown) write RURAL and give negrest town) ITHEKS DURG d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO 3. NAME OF First Middle Lost DATE Month Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY during most of working life, even if retired) mon toomer. FarmeR 14. MOTHER'S MAJDEN NAME 13 FATHER'S NAME 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL WAS AUTOPSY PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY CCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased fram. , and that death occurred at 11 35 P. M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF M.D. PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR

66

DATE

within 24 haurs after death funeral 1 and haurs after de sician and campletely filled in please remave carban papers. and in apy event, within 72 death certificate be executed attending physician permit. Then please burial, crematian, ar remaval, permit. the the burial-transit requires that by signed ficate has been s far use as the b O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death.

physician and completely filled in by the funeral en pease remove carbon papers. Pages land over and mony event, within 72 hours after deat

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 should be detached for use as the burial-transit permit. Then pleahould be filed with the State Dept. of Health prior to burial, cremation, or removal

VR A15 (4) 20 M 1/66

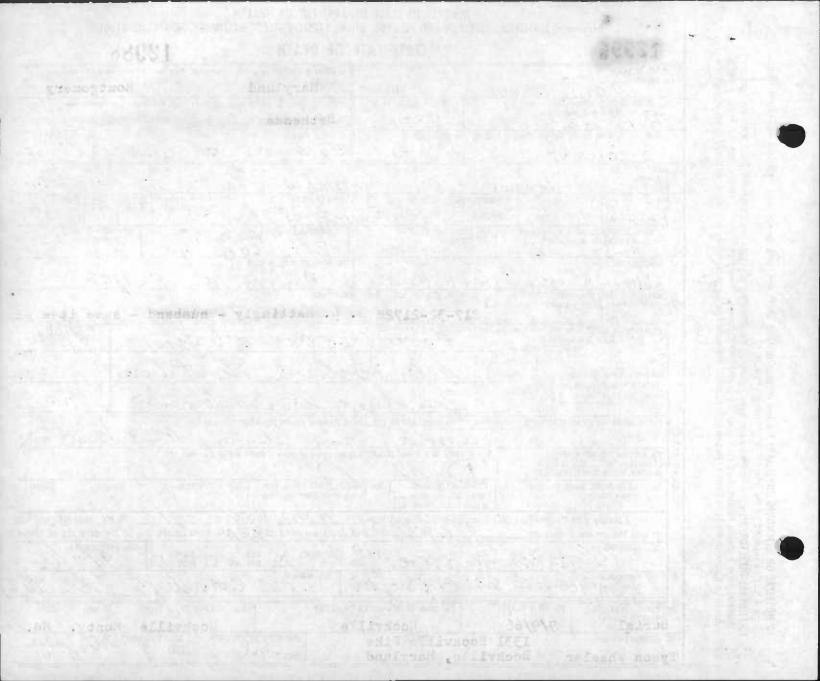
Poge 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

CERTIFICATE OF DEATH

12988

	1.000
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
O. COUNTY MARYIAND	o. STAWaryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside & porote limits. C. LENGTH OF STAY IN 1b	
b. CITY OR TOWN (If outside Erporote limits, c. LENGTH OF STAY IN 1b write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bothesda 7 DAYS	Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Suburban Hospital	5616 OGDON RD, VES NO E
NAME OF First Middle	Lost 4. DATE Month Doy Year
DECEASED (Type or print) L- Leanor C. M	ATTINGLY OF SEPT 7 1966
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Fanale W WIDOWED 5 DIVORCED 1	1-23-1894 lost birthday) Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
uring most of working life, even if retired) House Wife	BETHESOA MD. USA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles C. BohRER	Annie R. Hodges
	7. INFORMANT Address
Yes, no, or unknown) (If yes give wor or dotes of service) 217–32–2172B	R. L. Mattingly - husband - same item #
	INTERVAL BETWEEN
1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONICET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiov	order covering 1-he
DUE TO	1-1. + 91 +1: 14.
Conditions, if ony, which gove) (b) Mario	Helerone Hear assess 4 yr
rise to immediate couse (a), stating the underlying couse DUE TO	
lost. (c) Generalize	ed artendrelerosis 10 ye
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
arlina,	wrine retention dehydration I NO X
	D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	the section in a loss was a loss of
	PLACE OF ANJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
p.m. 19 while Not while of work	octory, smoot, ortice orage, etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	M 411, 1954 to 9/7, 1966, that (1) (we) la
	hat death occurred at \$ 340 M, from causes and an the date stated above
220. SIGNATURE	22b. DATE SIGNED
11/2 1/2 2010	M.D. ATTENDING MED. STAFF PHYS. D 9/7/66
22c. PHYSICIAN'S NAME (Type) CHANLES SAVANESE, M	D 22d. ADDRESS 128 Rockille PK Rockille
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Bremoyal (Specify) 9/9/66 Rockvi	
	lle Rockville Montg. Md.
4. FUNERAL DIRECTOR 1331 Rockvi1DPRESS Pike	SEP 8 1966 Kutha mage
Tyson Wheeler Rockville, Maryland	DATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12989

2. 64 97	F1 24	OLK III IOAT	L OI DEATH	TARRY	
1. PLACE OF				E (Where deceased lived, If institution: R	tesidence before admission)
	ntgomery	MARYLAND	a. STATE North (Carolina b. COUNTY Gas	ston J
b. CITY (OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	
	RURAL and give nearest town) thesda	56 Days	Gaston	ia	70.3
d. NAME	OF HOSPITAL OR INSTITUTION (if not I	n hospital, give street address)	d. STREET ADDRESS		0. IS RESIDENCE ON A FARM?
The Cl	inical Center, Beth	esda 14, Marylan	d 304 West	10th Avenue	YES NO A
3. NAME OF DECEASE	First	Middle	Last	4. DATE Month	Day Year
(Type or		(NMN)	McArver	DEATH September	40
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Femal			31 May 1945	∠⊥ yrs.	
	CCUPATION (Give kind of work done 10th of working life, even if retired)	D. KIND OF BUSINESS OR INDUSTRY		CC	DUNTRY?
	udent		North Car		USA
13. FATHER	'S NAME		14. MOTHER'S MAID	EN NAME	
Ro	ger E. McArver		Helen		
	EASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITYNO. 17.	INFORMANT The Me	edical Records;	
No		243-70-0447 The	Clinical Co	enter, Bethesda 14,	Maryland
	ISE OF DEATH [Enter only one cause po				INTERVAL BETWEEN
PAF	RT I. DEATH WAS CAUSED BY: DE	eudomonas Septic	emia		ONSET AND DEATH
1	9304	eddomonas pepore	CILLA		1 - 5
Conditio	as if any which I	lvic abscess fro	m perforate	d colon	months
	se to immediate	1410 00000000 110	m politora oc	002011	шонона
	(a), stating the DUE TO	lastic anemia			17 months
-	ng cause last.) (c) AP OTHER SIGNIFICANT CONDITIONS CONTR		TED TO THE TERMINAL D	ICCACC CONDITION CIVEN IN DADT 1/o	19. WAS AUTOPSY
ICATIO	THER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT KELA	TED TO THE TERMINALD	ISEASE CONDITION GIVEN IN PART I(a)	PERFORMED? YES NO
PART II. 20a. ACC OR CON (IF EITH	CIDENT WAS UNDERLYING 20b TRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 18.	.)
			CE OF INJURY (Home, fai		inty) (State)
	our a.m. Wh	IIIO - NOT WITHE -	ry, street, office bldg., et	(c.)	
		vork at work	2 7 2	(/ -3/ 0 1 1 10 /	/
21.	certify that (1) (this hospital) attention deceased alive on 16 Sept	ember 10 66	doubt accurred at 7	1.06 (DM the square and on the	be date stated above
	IGNATURE	and that	death occurred at a	PAA 22b. D	ATE SIGNED
224. 31	Legnard H	Bulakermo			lept. 1966
	HYSICIAN'S AME (Type)		22d. ADDRESS T	he Clinical Center,	National
1	Leonard H. Br	ubaker, M.D.	Institutes	of Health, Betheso	la 14, Md.
23a. BURIA	, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	unty) (State)
Buria	I-transit 9-17-6	6 Gastonia Mei	m. Park	Gastonia, No.	Carolina
24. FUNER	AL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAR	
ROBE	RT A. PUMPHREY,	Bethesda, Mar	yland DATE SE	P 20 1986 Ochan	1. 0
			DATE	W W WOOD CONS	the water

VR A15 (4) 20M 1/65

The Colonial Carbon, a shock II, they have I will be a solar at the colonial colonia

Introped Lastbull and

man-70-0667 ofthe Cilming Comming, Seconds Lt., Marylland

thamps M

The dephase of the contract of the department of the contract of the contract

1 - 17 Sept. 250m LOUNCE B. DEN SAF, P.D. Institutes of Malon, Country IV, 20.

MIRES . TRANSPORTED , MARKET , MARKET . PER .

FOR STATE HEALTH DEPT:

File-egges.1 and 2 with the State Department and in any event within 72 hours after death.

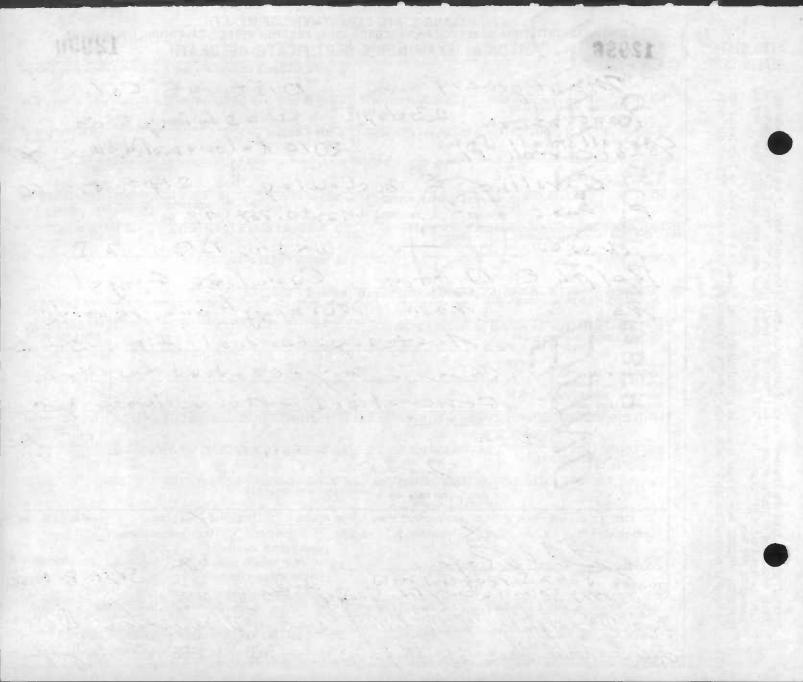
ecessary, the funeral 5 may be

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY MC 21 E GOMENY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporte limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write, RURAL and give nearest town)	C. CITT ON TOTAL (IT OUTSIDE COMPOSATE MINIS, WITH NORME BITE GIVE HEBIES! LOWIN)
Kensington Lovey	washing ton
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
To L3 1 Correll Pl	2010 (a) or 2 m 2/24 M/M YES NOV
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Careline & h	Cauley DEATH Saprit & 19
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F Ca & C WIDOWED T DIVORCED TO	May 39/889 77 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	LES CA DC COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dalal D Dal	0 1
15 WAS DECEMBED TO AND TO SOUTH A SOUTH OF THE SOUTH OF T	- dire 120 (- c- g-e)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No Note	vorsing? one records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TO CRY LIZE STEP ONSET, AND DEATH
DUE TO	
Conditions if any which i	2 x x 2 2 x 1 2 1 4 1.5 4 x x
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	sel Determine sélemen lun
1 (0)	NTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
2 Maria di M	PERFORMED?
1/032	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUNTY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Willa - Not while -	ry, street, office bldg., etc.)
Z Part Hold of Hold of	
21. I certify that I took charge of the remains described above, hel	
death resulted from: Natural causes, Accident , Sui	cide, Homicide, Undetermined manner
7000	CHIEF MEDICAL EXAMINER
SIGNATURE OF CORE	_M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
John Socias, potens mo	DEPUTY MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EXAMINER'S NAME (Type) 5/5/5/5/20 12/5/4/1/1/	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b) DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LDCATION (Gity, town or county) (State)
REMOVAL (Specify) & al 12 1912 mt (live)	Tlem. 7/ Makin Sten do
24. EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lee Feneral Home In with Shy	28. DATE SEP 14 1966 Icharles Judge
Of the state of th	The state of the s

O DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any dela please executed executions are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 cardinector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal,

VR ALSME (5)



be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1291 100 DEATH 100 DEATH

a. CDUNTY	a. STATE b. COUNTY		
Montgomery MARYLAND	a. STATE Illinois b. COUNTY Sangamon		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Bethesda 47 days	Springfield		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE ON A FARM?		
National Institutes of Health The Clinical Center, Bethesda, Maryland	2530 Lowell Avenue YES NO X		
3. NAME DF Mary First Ann Middle	Last 4. DATE Month Day Year		
(Type or print) Marianne (none)	McClain DEATH September 11 19 66		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	3. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Oays Hours Min.		
	10 December 1947 18 yrs.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Student Kone School	Illinois U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
James Junior McClain	Marion B. Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT The Medical Records		
A. UES	e Clinical Center, Bethesda, Maryland		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN		
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia.	bilateral onset and oeath 5 days		
OUE TO			
Conditions, If any, which \ (b) Leukemia, lymphob	plastic 3 years		
gave rise to immediate cause (a), stating the DUE TO			
underlying cause last. (c)			
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	y, safet, onice bidg., etc.)		
21. I certify that XI) (this hospital) attended the deceased from 26	6 July 1966 to 11 Sept. 1966, that (0 (we) last		
saw the deceased alive on 11 Sept. 1966, and that	death occurred at 3:25 M, from the causes and on the date stated above.		
22a. SIGNATURE	P.M. 22b. DATE SIGNED		
Leonard H. Sulaker M.O.	ATTENDING MED. STAFF PHYS. & Sept. 11, 1966		
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS The Clinical Center, National		
Leonard H. Brubaker, M.D.	Institutes of Health, Bethesda, Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY			
Burial Sep. 14, 1966 Oak Ridge Ceme	etery Springfield, Illinois		
24, EUNERAL DIRECTOR, Clark E. Wison Adoress 8434 Georgie	Ave 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
Warner E. Pumphrey, Inc. Silver Spris	MG DATE SEP 14 1966 fclianles Judge		

VR AI5 (4) 20M 1/65

one of the contract of the con

Moderate, altered to contract to all the seasons and the seasons and the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons are seasons are seasons as the seasons are seasons are

maker of the charge of the contract of the con

TI SHOE SHEET SHEET SHEET THE TANK IT

Bronchomentamin of the beyond

nitration and planting

10 Januarium 1927 Es

A Joseph B. B. Balley M.

RESI

STANK E.

Dept. M. Jose A.

Lamida , temps in init our man

ALL ALL MARKET DEL - SERVE TORREST TORREST TORREST

landered leaveste, imparison right leave vision voor

The second of the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. CDUNTY b. CD UNTY PM3. Poge death Department CITY OR TOWN (If outside corporate limits (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town after d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS olong with form within 72 hours Hospital Item 18. Give Pages ote NO after death. 3. NAME OF Middle 4. DATE DECEASED the (Type or print) EORGE 7. MARRIED AGE (In years NEVER MARRIED lost birthdoy) Months haurs WIDDWED DIVORCED event 12. CITIZEN DF WHAT during most of working life (even if retired) School CDUNTRY? dny 13. FATHER'S NAME bod be executed within pencil = File puo ADOUE 16. SDCIAL SECURITY NO. 17. INFORMANT Address / permit. (Yes, no, or unknown) (If yes give wor or dotes of service or removal. 220 46 5971 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DNSET AND DEATH IMMEDIATE CAUSE (o) Word burial, crematian, This certificate should 5Min rauma trom. Auto. Accident. Conditions, if ony, which gove rise to immediate couse (o), writing the DUE TO stoting the underlying cause farwarded last. 19. WAS AUTOPSY PERFORMED?
YES ND PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificote, 5 may be retained for your rites.

TO FUNERAL DIRECTOR: Page 3 should be to Health at its designated agent, prior to should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH. of car he was drewing 20c. TIME DF INJURY Month, Day, Yeor (Stote) please execute ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection X Accident X the funeral director. Natural causes death resulted fram: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER John G. Ball, M. D. NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23c. NAME DE CEMETERY OR CREMATDRY 23b. DATE THEREDF 23d. LD CATION (City or Town) Silver Spring B MYNU Specify) 9/7/66 Gate of Heaven Montg. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Francis Gasch's Sons Hyattsville, Maryland

DATE SEP

VR A15ME (5)

Sees 1

1295K

L VERN

ATOMICS AND AND AND AND AND ADDRESS OF THE PARTY OF THE P

THE AND THE PARTY TO AND THE PARTY OF THE PA

Division of STATISTICAL RESEARCH AND Them #9 Film 301 W. PRESJON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12993

	22. Oct 80 30 74							TAN	00		
	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if insti		ence befor	e admissi	an)
C	o. COUNTY MONTGOMERY			MARYLAND		o. STATE b. COUNTY PENNSYT, VANTA					
Ŀ		(If outside corparate limits,		c. LENGTH OF STAY IN	lb		itside carparate limits, write	RURAL and g	ive neares	st tawn)	
	write RURAL on BETHESD	A (RURAL)		168 days		INDUSTRY			78.	3	
0		TAL OR INSTITUTION (If not in I	nasoital. c	200 00,10		d. STREET ADDRESS				e. IS RESI	
		AVAL HOSPITAL				BOX 66				ON A F	ARM?
	NAME OF	First		Middle		Last		anth	Day	Ye	ar
(Type or print) P	RISCILIA	(1	VMN) ME	ERVO	SH	OF DEATH SEPTEM	BER 1	8	19	66
S. S			MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDE	RIYEAR	IF UNDER	
ויהוי	MALE	CAUCASIAN W	IDOWED	DIVORCED		14 JAN 1927	last birthday)	Months	Doys	Hours	Min
10a.	USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		Y	& State, or foreign country)	12. (CITIZEN OF		
		g life, even if retired)	IN	DUSTRY		250	STRICTS THE BUTE		OUNTRY?		
	OUSEWIFE FATHER'S NAME			NONE		14. MOTHER'S MAIDEN	ENNSYLVANTA NAME			USA	
	TKE VUYA	NOVICH ER IN U.S. ARMED FDRCES?	1 14	SDCIAL SECURITY NO.	17 1	DOROTHY BA	ISSAR A	dress			
		(If yes give war or dates af sen		SUCIAL SECURITY NO.	17. 1	NPORMANI					
Ì	NO				SAM	WEL MERVOSH	BOX 66, IND	USTRY,	PENN	SYLV	ANI
		EATH (Enter only one couse pe	r line far	(a), (b), and (c).)			THE RESERVE TO SAFE			ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARO	CINOMATOSIS					UN	SET AND C	EAIH
		DUE TO									
	Conditions, if any	, which agus >	MERCHA	COMMITTE CANC	משוי				1 = 0		
	rise ta immedia	te couse (a)	ME IA	ASTATIC CANO	ER						
	stating the unde	1 0									
	last.) (c)_									
~	PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	BUTING T	O DEATH BUT NOT RELATE	D TO 1	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)		19.	WAS AUTI PERFORM	PSY FD2
9									Y	ES 🗍	NO F
CERTIFICATION	20g. ACCIDENT WA	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. I	Enter nature of injury in	Part I ar Part II of item 18.)				
ERT		G CAUSE DF DEATH									
A		Y MEDICAL EXAMINER) IURY Month, Day, Year	304 11	JURY OCCURRED 20	no DI AC	E OF INJURY (Hame, farm	20f. (City or town)	10	ounty)	- 1	State)
MEDICAL	Hour a.	.m.	While			ary, street, affice bldg., etc.		10	.oomy)	,	Jiule)
٤		m. 19	at war								
	21. I certify that (I) (this haspital) attended the deceased fram MARCH 30 , 1966, ta SEPT. 18, 1966, that (I) (we) las										
	saw the o	deceased alive an SEP	15	319 <u>_66</u> , an	d that	death accurred at	1:00 TM, fram cause	es and an	the dat	e stated	aba
	22a. SIGNATURE	7 11	1	11 11		ATTENDING	MED. STAFF		DATE SIGN		
		allaus	1	lesses	M.0). PHYS.	DIRECTOR PHYS.	E SEPI	1. 18	. 19	66
	22c. PHYSICIAN	5				22d. ADDRESS					
	NAME (Type	C. P. KESS	ER			U. S. NAV	AL HOSPTTAL	RETHE	SDA	MD.	
230	BURIAL, CREMATI			23c. NAME OF CEMETER	PY DR (23d. LOCATION (City or		(County		tate)
250.	REMOVAL (Specif	v) (2 L	11								1010)
-	BURLAL	Sept, LI, 1	166	BEAVER CEN	AET'A		BEAVER		VER	PA	
*	FUNERAL DIRECT	Kumpkustun	nel 1	Long ADDRESS the	yde	1M. 01		REGISTRAR'S		(E	
1	משלים שליות	TIMERAT. HOME	Jan 1	ATDIAND PENI		TIANTA DATE S	EP 20 1986	your	rles	Judo	el.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending present and completely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after deather.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspitol or attending physician.

EU081

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

- (200			16003
हें विव्हें	1.		AL RESIDENCE (Where deceased lived, if institution: Residence before admission)
r death.		O. COUNTY M	ATE () C b. COUNTY
after he fur after after		MARYLAND MARYLAND	OD TOWN (If a 11)
the age		b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY (write RURAL and give hearest town)	OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)
hours n by t s. Pa hours		TO Kenne Fock	ashineten 47.3
ho in b irs. 2 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREE	T ADDRESS e. IS RESIDENCE
d i d i	11	Machineton Suntreman & Hospital 26	ON A FARM?
rin 24 hours of filled in by the papers. Pag	1	4 31114121 34111 411 411 1 1 1 1 1 1 1 1 1 1	
		NAME OF First Middle L	ast 4. DATE Manth Day Year
arb arb		(Type or print) William Henry. The	yers DEATH Sept. 26 1966
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF	BIRTH 9. AGE (In Agers IF UNDER 1 YEAR IF UNDER 24 HRS.
		male white widowed DIVOKED 1/4	1-7/94 Jast birthday) Manths Days Hours Min.
	1De	1/4.6	CHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT
d in	dur	information with the event tetrice! INDUSTRY INDUSTRY	COUNTRY?
ate hedge			VDT4NA GMERICAN
O NEGT	13.	3. FATHER'S NAME	HER'S MAIDEN NAME
certificate be ng physician ar Then please r movat, ond in		Jacob Messels	Th Facted
e in the	18.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	Address
death ttendin rmit.	Y (Y	(es, na, grunknawn) (If, yes give war ar dates of service) 1/97-74/1071 B/1	NCHE B MEYERS WASHING.
ottend ottend permit.	4		
£ 4.E		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that than the by the ransit cremol		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) and wo then a	2 d W V work 3 why
手管でする		DUE TO	
ries ysic ned ial, ial,		Canditians, if any, which gave) (h) Chromes & m	Cepara one a D here
phy phy sign buri buri		rise ta immediate cause (a), DUE TO	11000
ng en en ta		stating the underlying cause last.	u o cored les 3 you
te law trendin as bee as th prior t			
ntte ids a a	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	ALL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
AN: The al or at icate ha for use Health	CERTIFICATION		YES NO
AN al o for for Hec	E	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natu	re af injury in Part I ar Part II af item IB.)
ロきをする	ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
hos hos che	18	2Dc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJU	RY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
the hother the the this detocles be	MEDICAL	Haur a.m. While Nat While factory, street,	affice bldg., etc.)
JING PHYS by the hos fiter this ce be detoche State Dept.	~	p.m. 17 atwark L. atwark L.	
Aft P		21. I certify that (I) (this hospital) attended the deceased fram	, 1963 to Son 20, 1969 that (1) (we) last
THE WE THE		saw the deceased alive an 9-25 1966, and that death	accurred at M. M., fram causes and an the date stated above.
at Short at the state of the st		22g. SIGNATURE	DINIC MED STAFE 22b. DATE SIGNED
be re DIRE		220. Source & Through a M.D. ATTEN	DING DIRECTOR DENYS. DI 9/24/6
		22c. PHYSICIAN'S 22d.	ADDRESS D T T T
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A directar, page 3 shauld should be filed with the		NAME (Type) Cliver E Inompan	101 fantind My, imy.
NE A PE	230	Id. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATOR'	Y 23d. LOCATION (City or Town) (County) (State)
Page of Fundirect should	230	DEMOVAL (Specific)	VA TIENA Y TOWN (COUNTY) (STOTE)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		A LIVE A	
VR A15 (4)	24	14. FUNERAL DIRECTOR CHAMBERS CO. ADDRESS CHAPINS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
20 M 1/66		WASA. DC	FOATE SEP 28 1966 Plantes Outes
			0 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13001	CERTIFICATE OF DEATH	1433	()
1. PLACE OF DEATH	2. USUAL RESIDENCE (W	here deceosed lived, if institution: Residence	e before odmission)
o. COTINIA	MARYLAND STATE ARYLAND CITY OR TOWN (MAINS	b. COUNTY	Formery
b. CITY OR TOWN (Floutside corporate limits,	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs	side corporate limits, write RURAL and give	
write RURAL and give nearest (own)	Silver	Sanna	15 1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		Speina	e IS RESIDENCE
		1-0-	ON A FARM? YES NO X
Wishington Sanitarium &	Hoogital 19709 Dils	4 DATE Month	Day Year
DECEASED		OF C	40 11
(Type or print) 5. SEX 6. OLOR OR RACH 7. MARRIED	Schriver Middleton	9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS.
	K3 miles	lost birthdoy) Months	Ooys Hours Min.
m CAUC, WIDOWED	0 0 0	42 yrs.	ZEN OF WHAT
I wise mark of southing like asses if estimation	INDUSTRY	, foul	NTRY?
Store Manager St	Heway Store MARY	Land. Hr	MERICA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	0 1 .	
Albert Middlet		Schriver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	S. SOCIAL SECURITY NO. 17. INFORMANT	Address	
ves ww-2	Patiento	Chart.	
8. CAUSE OF DEATH (Enter only one cause per line for	or (o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Arcinoma of J	una	UNSET AND UEATH
165 X OUE TO	(hoter tate)	2	
Conditions, if ony, which gove) (b)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
rise to immediate couse (a), stating the underlying couse	roven- washing to	n Wosp Cent	4
last. (c)	20,14	66	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO? IN
VIII O			YES NO
205. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEF THER NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 18.)	1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
_ (II ETTICK, TOTAL TREETED TOTAL TO	INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,	20f. (City or town) (Cour	nty) (Stote)
Hour o.m. Whi	ile Not While of work foctory, street, office bldg., etc.)		
p.ss. 01 wc	ended the deceased fram $9-27$, 19	66 to 19	that (1) (we) las
saw the dereased glive on 9 - 2	7 19 66, and that death accurred at 1	O SOP M. fram causes and an th	
220. SIGNATURE		22b. 0A1	TE SIGNED
Riller + B. C.		MEO. STAFF PHYS. D 9-	-27-6C
22c. PHYSICIAN'S	22d. ADDRESS	(1 (1) 7/	2 24
NAME (Type) GIDLET B	CUSHNER. 6480	N.H AVY IK	. P. Mg
230. BURIAL CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LQCATION (City or Town) (County) (Stote)
REMOVAL (Specify) C SUN 30 196	6 arlington hall	arlington,	Va
24 FLINERAL DIRECTOR		BY REGISTRAR 256 REGISTRAR'S SIG	SNATURE
Lyw Illamel 360	3 / SE	P = 0 1000 ml/	0. 0 .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providing and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after deapth. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

LITTLE PLANTED TO MAKE HOLD WAS A CENTER Sulley B. C. Summer B. S. T. C. S. P. 19-27-6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12997

1.	PLACE DF DEATI	1				2. USUAL RESIDE	NCE (W	here deceased I.	ived, If insti	itution: Resi	idence before	admission)
	a. COUNTY	Montgomery				a. STATE Maj	rvla	nd	b. COUNT	Y Mon	tgome	rv
-			te limits c	MARYLAI LENGTH OF STAY IN		c. CITY OR TOWN			limits, writ		0	
		N (if outside corporation and give nearest tow	(n)		1 20							
		Olney		4 days			yds				1 - 10 0	ESIDENCE
		SPITAL OR INSTITUTIO			1	d. STREET ADDRES			- / -			A FARM?
		Aontgomery			-]			1, Box			YES	NO 🔀
3.	NAME OF DECEASED	FI	irst	Middle		Last	4.	DATE	Month			rear
	(Type or print)		garet	Elizabet		Miller		DEATH	Sept			9 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3 [B. DATE OF BIRTH		9. AGE (In years I	FUNDER 1 Y	YEAR IF UND	
F	emale	White	WIDOWED	DIVORCED [Aug. 15,18	892	74	yrs.			
1Da	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE		& State, or fore	ign country)	12. CITI	ZEN OF WH NTRY?	AT
dui	Housew:		u) INDO	/SIK I		Vir	gini	a		US		
13.	FATHER'S NAM					14. MOTHER'S MA						
17	Thomas	W. Jacobs				Amai	nda	Johnst	on			
	WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16. SO	CIAL SECURITY NO.]	17.	INFORMANT		0011100	Address	3		
(Ye		(If yes give war or dates o		7	3.4.	na Willem 1	M T			Tron	. 2	
-	No	DEATH (Francisco		None	_	rs Ellen l	M. E	nraett	e,	Item	INTERVAL	PETWEEN
		DEATH [Enter only on		tor (a), (b), and (c).			1	/			ONSET AN	
	PART I. DEATH WAS CAUSED BY: MARGINET CAUSE (a) Hypertchsive - Caudio - General							-5				
	HARK DUE TO USSCULTU - Renal											
	Conditions, If any, which											
	gave rise to immediate cause (a), stating the DUE TO C 1/4. F. A. C. + C div. 7 days							ugo,				
	underlying cause last. (c)						10	1500	YJE		-	
S S	PARTII. OTHER S	SIGNIFICANTCONDITIO	ONSCONTRIBUTIO	NG TO BEATH BUT NOT	RELA	TED TO THE TERMINA	LDISEA	SECONDITION	GIVENINP	ART 1(a)		AUTOPSY OR MED?
FICATION											YES	NO D
E	2Da. ACCIDENT	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY	occu	RRED. (Enter nature	of Injur	ry In Part I or	Part II of	Item 1B.)		Name of the last
CERTI	OR CONTRIBUTI	ING CAUSE OF DEA	TH NER)									
		INJURY Month, Day,				CE OF INJURY (Home,		2Df. (City or	town)	(Count	ty)	(State)
MEDICAL	Hour a.r		While	- Not while	factor	ry, street, office bldg.	, etc.)					
E	р.1		at work	at work		7 310	1	1 1	£ 1/	-1-1	403	
		y that (I) (this hos				lug. 28	19/00	a to	11.1	, 1926	_, that (I)	(we) last
		ceased alive on	an -	196, and	that	death occurred a		M, from the	causes a	nd on the	date stat	ed above.
	22a SIGNATURE 22b. DATE SIGNED							,				
	Jan	10 cm	no	rug	M.D	. PHYS.	DIREC		YS.	9-6	0-6	6
	PHYSICIA NAME (T		Schumach	er, M.D.		22d. ADDRESS	sell	Ave.	Geit	hersb	ure.	Md.
					ETERV			3d. LOCATIO				(State)
23a	 BURIAL, CREW REMOVAL (Specific 	eclfy)		23c. NAME OF CEM			2.	ou. LUCATION	1 (City, tor	All OI COUII	Ly)	(State)
0.1	Burial	Sept.7	,1966	Arlington	n N	ational	DEC'D D	Ft. N Y REGISTRAR	yer	Va	SIGNATURE	
24	. FUNERAL DIRE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					230. RE	ald INAN S	A	
	Olin	L. Molesw	forth, Da	amascus, l	Md.	DATE	EL	8 196	6 /10	Maril	es Jus	ge .

VR A15 (4) 20M 1/65

SPUSI fixed framed in the reliand to the state of STRUCK OF STRUCK The ask . . . write the state of the state on the last of the state of A TOTAL STREET, AND A CONTROL STREET, AND A CONTROL STREET, AND A STREET, AND ASSESSMENT OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

physician and completely filled in by the ren also corban papers. Pages over, and in any event, within 72 hours of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12998

	70008	1000
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
-	a. COUNTY MARYLAND	O. STATES AND LOURS COUNTY
-	b. CITY OR TOWN (If outside corporate limits/ c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of eutside corporate limits, write RURAL and give nearest town)
	write RURAL and give negress town)	CENT ON TOWNS OF BUILDING WITHING, WITHE KOKAL GITG GIVE HEGIEST TOWNS
-	takema rack.	KIVerdale 16-2
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 4 R 04 Somersel Rd 9. IS RESIDENCE ON A FARM? YES NO NO
1	Tubnington day, Vitt spilat	
	NAME OF DECEASED (Type or print) Ollie Middle Middle Middle Middle Middle	Last 4. DATE Month Day Year OF DEATH Sept (C) 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In Section 1) IF UNDER 1 YEAR IF UNDER 24 HRS.
F	emale white WIDOWED BY DIVORCED	H-22-1906 lost brinday) Months Days Haurs Min.
duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10.	TABLET S TAINE	713
	rank & Abymes.	Ulnes lelly
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, prunknown) (If yes give war or dates of service) 457 34 9128	Ptis chart.
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	L INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	3 6 A ONSET AND DEATH
	IMMEDIATE CAUSE (a)	O MARILA
	DUE TO THE	to the liver 2 mos
	Conditions, if any, which gave) (b) Massur molast	alls to lungs a 1100
	rise to immediate cause (a), stating the underlying cause last.	sfrom right breast ca 18 mos
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATION	TAKE II. OTHER STORM CONDITIONS CONTRIBUTION TO BE THE SECOND OF	PERFORMED? YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 1B.)
CAL		CE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
MEDICAL	Hour o.m. / While Not While fact	lary, street, affice bldg., etc.)
~	p.m. 19 at work 🗀 at work	S S H M M
	21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive on Sah 10 1966, and that	t death accurred at 10 P.M, from causes and on the date stated abav
А	220. SIGNATURE	22b. DATE SIGNED
	- 1 Hetisonlynan M.	D. PHYS. DIRECTOR DIPHYS. DISANTII. 1966
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
00	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
230	BENOTE: 23b. DATE THEREOF 23c. NAME OF CEMETERY OR FL. Lincol:	
		The second of th
F	FUNERAL PIECOS asch's Sons ADDRESS 4739	Balto 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Hasch's Tunnal Home, Hy	ate 3 DATESEP 14 1966 Scharles Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the buriol-transit permit. Then all shauld be filed with the State Dept. of Health prior to buriol, cremotion, or removed,

Page 4 may be retained by the hospital or attending physician.

Zens I 56/21/07 / SERVE area stable in a client

De Marine de Caracter de la companya de la companya

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY. Page dediti Department of MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN corporate limits, write RURAL and give nearest town? write RURAL and give peorest town d. STREET ADDRESS d. NAME OF HOSPITAL INSTITUTION (If not in hospital, give street address) Office alang with form hours ote Item 18. Give Pages hours after deoth. 3. NAME OF Middle DATE Month event within 72 OF DEATH DECEASED Type or print) with 1 S. SEX 7. MARRIED AGE (In Aears NEVER MARRIED Jast_birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (Stote or foreign country) during most of working life, even if retired)
Foreman h.Sub.San. 13. FATHER'S NAME pencil This certificate shauld be executed within Elsie P. Bell and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service or removol, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward buriol, cremation, DUE TO Page 4 should be forworded to the Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 0 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Not While foctory, street, office bldg., etc.) your While FUNERAL DIRECTOR: Page ot work at work designated

21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection 🔀 Inquiry and in my apinian death resulted fram: Natural causes Accident . Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

Se ma. 23b. DATE THEREOF 9/12/66

Funeral Home Inc.

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Com.

Address (Street, city, town, or county) 23d. 10CATION (City or Town) Colmar Manor,

(Stote)

ON A FARM?

Year

Hours

INTERVAL BETWEEN

19. WAS AUTOPS PERFORMED? YES

(Stote)

(County)

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT

COUNTRY?

Months

NO

24. FUNERAL DIRECTOR Nalley s

ADDRESS Mt. Rainier ,250. REC'D BY REGISTRAR Maryland

25b. REGISTRAR'S SIGNATURE lianly

VR A15ME (5) 6M 1/66

0

Heolth or its

the funerol director.

be retained

. The state of the and the state of the same and demonstrate

Items 18&21 Film 382 11-1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Poge death. MARYLAND aryland delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. outside corporate limits, write RURAL and give nearest town) and after OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS IS RESIDENCE ON A FARM? hours Office olong with form e State | 72 hour NO 8. Give Pages hours after deoth. 3. NAME OF Middle DATE Month Year DECEASED OF the FUGEN within (Type or print) DEATH with 1 S. SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) Months Hours WIDOWED DIVORCED Yrs. event CV] and [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR State or foreign country) 12. CITIZEN OF WHAT most of working life, even if retired COUNTRY? 24 any laims adjuster pages in any 14. MOTHER'S MAIDEN NAME File romas and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO executed (Yes, no, or unknown) (If yes give wor or dates of service) ward "pending" the Chief Medical removal MS W.W.TI CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pe Acute myocardial insufficiency 10 IMMEDIATE CAUSE (a) This certificate shauld writing the ward cremation, DUE TO Conditions, if any, which gave Coronary artery heart disease rise to immediate couse (o), forwarded to DUE TO stating the underlying couse О ds buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, NO pe 0 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should **EXAMINER:** CAUSE OF DEATH. agent, MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page Page (ot work its designated 21. I certify that I took charge of the remains described above, held on Autopsy X Inspection | Inquiry X ond in my opinion the funeral directar. death resulted from: Noturo couses X Aceident Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY Heolth or i pe **EXAMINER'S** NAME (Type) BURIAL, CREMATION 23b. (County) 0 REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		13007	CERTIFICATE	OF DEATH	13	3001
		PLACE OF DEATH O. COUNTY Monteomer	~ 4 MARYLANO	2. USUAL RESIDENCE (Where december of STATE ALY)	ased lived, if institution: Residen b. COUNTY	ice befare admission)
	1	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate to the Ato	/	15-1
7.6	A	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	aspital, give street address) ArdeNS	11536 Highu	new Ave	e. IS RESIDENCE ON A FARM? YES NO X
	[NAME DF DECEASED (Type or print) LeLiA	Middle M.	ullins OF OEATH		9 1966
	5.5	10 1/1.	ARRIEO NEVER MARRIEO 8	SEPT 7, 1885	9. AGE (In years last birthday) Manths yrs.	Days Haurs Min.
		. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	ALA DAmi	- 1	TIZEN DE WHAT
	13-	JOHN J. GOO	Lsby	14. MOTHER'S MAIDEN NAME, ELIZABETH	ROGERS	-6-13
	1S.(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, na, ar unknawn) (If yes give war or dates af servi	(e) NoNE	NFORMANT Virginia Koont	3 Wheaton, Md.	wiew Avenue
		1B. CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).) Consisting hea	rt failure		ONSET AND DEATH
		Conditions, if any, which gave) (b)	Coronary he	ant disease		Unbrang
		rise to immediate cause (a), stating the underlying cause (c) DUE TO Column C	Generalizal .	arteunchenin,		llubason
Ō	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO
	CERTIFIC	20o. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pa	art II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	(City ar town) (Car	unty) (State)
		21. I certify that (I) (this haspital saw the deceased alive on	attended the deceased fram	death accurred at 6:40 P		he date stated abave
		220. SIGNATURE Joseph P.	Kensich M.O		STAFF 22b. 0	9/7/66
1		22c. PHYSICIAN'S NAME (Type) Dr JOSE	PH KENRICK	6450 W vscons	in and Bethe	sta, med,
	230	b. BURIAL, CREMATION, 23b. DATE THEREOF SEMANAL (Specify) Sept 11,1		ordens Di	DCATION (City or Town) uscaloosa, Alak	
	24	FUNERAL DIRECTOR SEN GOLGO	Carly Souver Spri	ng, Ma 250. REC'O BY REGIS	TRAR 25b. REGISTRAR'S S	SIGNATURE Judge

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death

Poge 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, crematian, or removol, and in any event, within 72 hours ofter deptition.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. funeral I and 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY b COLINTY MARYLAND 24 haurs ofter entermery c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate write RURAL and give neores) lown) hours Takona filled in I popers. d STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 YES NO I within 3. NAME OF Middle 4. DATE please remove carbon First Month Dov Year completely DECEASED OF DEATH (Type or print) certificate be executed NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED lost birthday) Months Oovs Hours and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 71.3. aryland 14. MOTHER'S MAIDEN NAME 13. FATHER S- NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. INFORMANT requires that the death atte 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY: Carcinoma signed by IMMEDIATE CAUSE (o) physician. DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO hos been s stoting the underlying couse prior ta l be retoined by the hospital or ottending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? TELCATION for use Health p NO YES TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Hour o.m. While Not While 19 ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 1966 1966, that (1) (we) last should and that death accurred at \$350 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE PHYS DIRECTOR eq

director, page should be filed VR A15 (4); 20 M 1/66

REMOVAL (Specify) 24. FUNERAL DIRECTOR bother Hallers, 254

23b. DATE THEREOF

22c. PHYSICIAN'S NAME (Type)

230 BURIAL CREMATION

23c. NAME-OF CEMETERY OR CREMATORY **ADDRESS**

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

ma. 21212

22d. ADDRESS EING1 -

Items 18&21 Film 382 11-7 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY Page Maryland Montgomery af Montgomery death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. F write RURAL and give nearest town) after 5 days Takoma Park Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE haurs ON A FARM? Office alang with farm 505 Tulip Avenue Pages Holy Cross Hospital NO X ate haurs after death. 3. NAME OF Middle 4. DATE e Ste Month DECEASED OF 9/28 1 Henrietta E. New 66 19 within DEATH (Type or print) With 8. DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED AGE (In years 7. MARRIED lost hirthday) Months WIDOWED K DIVORCED Item 18 event 2 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY any 13. FATHER'S NAME pencil executed within = and .= WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO pending" ii (Yes, no, or unknown) ((If yes give wor or dotes af service) remayal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH Chief / burial-transit PART I. DEATH WAS CAUSED 8Y pe Acute coronary occlusion with left gr IMMEDIATE CAUSE (a) ward This certificate shauld crematian, DUF TO Conditions, if ony, which gave ventricular rupture, hemopericardium and icate, writing the nse to immediate couse (a). DUF TO stoting the underlying couse 0 cardian tamponade. OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, NO YES pe priar ta 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH. agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Page ot work its designated 21. I certify that Ltaak charge of the remains described above, held an Autopsy X Inspection . Inquiry DQ and in my apinian the funeral directar. Natural causes 7Accident death resulted from Homicide Undétermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE 9-28-1966 Health ar EXAMINER'S may 23c. NAME OF CEMBI BURIAL CREMATION 0

REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

PULL THE STATE OF THE STATE OF

Vaccio(2.00)				Name a	
				labbanii se	
	Av 5				
		the thirt willing.	S TATES		
	- Contract - 5			Special Control	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV campletely filled in by the funeral nave carban papers. Pages 1 and 2 nave carban papers. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH h COUNTY a COUNTY MARYLAND c CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b h CITY OR TOWN (If outside responde limits write RURAL and give neorest town e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d..STREET ADDRESS DATE NAME OF First Year OF DEATH DECEASED aress 19 6 (Type or print) AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave Jost birthdoy) Months Doys Hours DIVORCED WIDOWED and in any and 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, ar foreign country) IDo IISUAL OCCUPATION (Give kind of work done ling physician a Then please remayo, and in -INDUSTR COUNTRY during mast of working life, even if retired) unaar MOTHER'S MAIDEN NAME 13 FATHER'S NAME attending permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dates of service) ar crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), the signed by the burial-transit burial, crematic NSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse has been be detached far use as the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES O FUNERAL DIRECTOR: After this certificate the haspital or O HOSPITAL OR ATTENDING PHYSICIAN: 2Do. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While at work ot work Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from 219 G, and that death occurred at 6 AM, from couses and on the date stated above. directar, page 3 shauld shauld be filed with the sow the deceosed olive on____ 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type)

23d AQCATION (City or Town)

1966

2So. REC'D BY/REGISTRAR

(State)

(County)

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

23a BURIAL CREMATION,

24 FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

tems 18&21 Film 382 11-1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Page Q. death. MARYLAND delay Department TOWN/(If outside corporate limits, write RURAL and give nearest town) outside corparote limits. c. LENGTH OF STAY IN 1b and PM3 write RURAL and give negrest town after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Tarm State in pencil in Item 18. Give Pages NO This certificate shauld be executed within 24 haurs after death. Office alang with NAME OF Middle OATE 72 DECEASEO OF DEATH the within (Type or print) with IF UNDER 24 HRS SEX IF UNDER 1 YEAR NEVER MARRIED 9. AGE (In years last birthdoy) Months. Hours DIVORCED event and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Housewite Own Home rd 'pending' in pencil in Chief Medical Examiner's 13. FATHER'S NAME MOTHER'S MAIDEN NAME Mary VanDenreitden EI O Addrewheaton, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor op dotes of service) remayal. INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit Acute coronary insufficiency ONSET AND DEATH PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) please execute the certificate, writing the ward crematian, DUE TO the Coronary artery heart disease Conditions, if ony, which gove rise to immediate cause (a). shauld be farwarded ta DUE TO stating the underlying couse D OS burial, lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO pe 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) agent, priar 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While Page at work its designated 21. I certify that Hoak charge of the remains described above, held an Autapsy Inspection Inquiry M and in my apinian the funeral director. death resulted from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNED SIGNATURE TO DEPUTY necessary, Health ar EXAMINER'S -NAME (Type) Address (Street, city, 23b. OATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (Stote) 50 Arlington National 1966 em. Virginia 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Georgia Ave VR A15ME (5) arter 6M 1/66